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Hand book of informa

# HAND BOOK

OF THE

## Bureau of Infectious Diseases

1914



DEPARTMENT OF HEALTH  
OF  
THE CITY OF NEW YORK

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HAND BOOK OF INFORMATION  
REGARDING THE  
ROUTINE PROCEDURE  
OF THE  
BUREAU OF INFECTIOUS DISEASES

1914

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JOHN S. BILLINGS, M. D.  
Director of Bureau

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DEPARTMENT OF HEALTH  
OF  
THE CITY OF NEW YORK

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# HAND BOOK OF INFORMATION REGARD- ING THE ROUTINE PROCEDURE

OF THE

BUREAU OF INFECTIOUS DISEASES OF THE  
DEPARTMENT OF HEALTH, CITY  
OF NEW YORK

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## FUNCTIONS OF BUREAU.

Sec. 1. The Bureau of Infectious Diseases exercises the following functions throughout the Greater City of New York:—

i. The general sanitary supervision of all infectious diseases, including:

A. The acute contagious diseases (Scarlet Fever, Diphtheria, Measles, etc.) together with the disinfection of goods and premises, the removal of patients to Department Hospitals, immunization against Diphtheria and conducts Whooping Cough Camps and Clinics.

B. Tuberculosis, conducting Tuberculosis Hospital Admission Bureau, the Tuberculosis Clinics and the Boat Camps.

C. Typhoid Fever, with the performance of immunization against that disease, Cerebro-spinal Menin-

gitis, Acute Poliomyelitis, Malarial Fever, and other communicable diseases.

D. The Venereal and Animal diseases, Glanders, and Rabies, conducting the Serological Laboratory, the Wassermann Clinics, and the Clinics for the Pasteur treatment of Rabies.

ii. The Bureau also conducts the Diagnosis Laboratory, the work of which comprises: (a) diagnostic examinations of specimens submitted by physicians; (b) the preparation of diagnostic outfits, and (c) collection of specimens and supervision of supply stations in all Boroughs.

## DIRECTORY OF OFFICES, CLINICS, LABORATORIES, ETC.

Sec. 2. The offices of the Bureau of Infectious Diseases are located as follows:

EXECUTIVE OFFICES, Centre and Walker Streets,  
Tel. 6280 Franklin.

### BOROUGH OFFICES.

MANHATTAN Main Borough Office, Centre and Walker Sts.,—Tel. 6280 Franklin.

BRONX Main Borough Office, 3731 Third Ave.,—Tel. 1975 Tremont.

BROOKLYN Main Borough Office, Flatbush Ave. and Willoughby St.,—Tel. 4720 Main.

QUEENS Main Borough Office, 374 Fulton St., Jamaica,—Tel. 1200 Jamaica.

RICHMOND Main Borough Office, Bay Street, Stapleton,—Tel. 440 Tompkinsville.

## BRANCH OFFICES.

### MANHATTAN—BRANCH OFFICES:

331 Broome St.—Tel. 3859 and 7914 Orchard.  
111 E. 10th St.—Tel. 2859 and 8144 Orchard.  
229 E. 57th St.—Tel. 1637 and 2526 Plaza.  
420 E. 116th St.—Tel. 2375 and 828 Harlem.  
2228 Broadway—Tel. 4408 Schuyler.  
307 W. 33rd St.—Tel. 3471 and 1394 Greeley.  
22 Vandam St.—Tel. 412 Spring.

### BRONX—BRANCH OFFICE:

493 East 139th St.—Tel. 5702 Melrose.

### BROOKLYN—BRANCH OFFICES:

306 South 5th St.—Tel. 886 and 1293 Williamsburg.  
60th St. and 2nd Ave.—Tel. 2434 and 3988 Sunset.  
64 Penna. Ave.—Tel. 2732 East New York.  
55 Sumner Ave.—Tel. 3228 Williamsburg.  
794 West St.—Tel. 1867 and 1866 Bath Beach.

### QUEENS—BRANCH OFFICE:

110 Broadway, Flushing—Tel. 731 Flushing.

### STABLES AND DISINFECTING STATIONS.

MANHATTAN, Ft. East 16th St.—Tel. 1600 Stuyvesant.

BRONX, Ft. East 132nd St.—Tel. 4000 Melrose.

BROOKLYN, Kingston Ave. & Fenimore St.—Tel. 1400 Flatbush.

QUEENS, Haake Farm—Tel. 1200 Jamaica.

RICHMOND, Castleton Corners—Tel. 352 New Dorp.

## TUBERCULOSIS CAMPS.

MANHATTAN, Day Camp Ferryboat "Middle-town," Ft. of E. 91st St.—Tel. 2957 Lenox.

BROOKLYN, Day Camp Ferryboat "Rutherford," Ft. of Fulton St.—Tel. 1530 Main.

## LABORATORIES.

DIAGNOSIS LABORATORY, Centre & Walker Sts.,—Tel. 6280 Franklin.

SEROLOGICAL LABORATORY, Centre & Walker Sts.,—Tel. 6280 Franklin.

## TUBERCULOSIS CLINICS.

All applicants for diagnosis, advice, or treatment are referred to the tuberculosis clinic of the district in which they live.

[Note.—All Department of Health Clinics have children's classes from 10 A. M. to noon every Saturday.]

### MANHATTAN.

*St. Luke's Hospital Dispensary*, 113th Street and Amsterdam Avenue.—Monday, Tuesday, Thursday and Friday, 2 to 4 P. M.

*Harlem Hospital Dispensary*, 136th Street and Lenox Avenue.—Week days, 1 to 3 P. M.; Thursday, 7 to 8 P. M. Children, Tuesday and Saturday, 3 to 5 P. M.

*Vanderbilt Clinic*, 60th Street and Amsterdam Avenue.—Daily, 1 to 2.30 P. M. Monday, Wednesday and Friday, 9 to 10.30 A. M. Children, Saturday, 2 P. M.

*Department of Health, Lower West Side Clinic, 307 West 33d Street*—Week days, 2 to 4 P. M.; Thursday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.

*New York Hospital, Out Patient Department, 8 West 16th Street*.—Monday and Friday, 2 to 3 P. M.; Tuesday and Thursday, 7 to 9 P. M. Children, Wednesday, 3 P. M. and Saturday, 12 M.

*St. Vincent's Hospital Dispensary, 149 West 11th Street*.—Tuesday, Thursday and Saturday, 10 to 11 A. M.

*Department of Health, Southern Italian, 22 Vandam Street*.—Week days, 2 to 4 P. M.; Thursday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M. A special guide card is issued (Form 37 L).

*New York Dispensary, 34-36 Spring Street*.—Week days, 11 A. M. to 12.30 P. M.

*Gouverneur Hospital Dispensary, foot of Gouverneur Street*.—Monday, Wednesday, Friday, 2 to 4 P. M.; Tuesday, Thursday, Saturday, 4 to 6 P. M.; Wednesday, 8 to 9 P. M. Children, Monday, Wednesday and Friday, 2 to 4 P. M.

*Department of Health, Corlears Clinic, 331 Broome Street*.—Week days, 2.30 to 4.30 P. M.; Thursday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.

*Department of Health, Lower East Side Clinic, 111 East 10th Street*.—Week days, 2 to 4 P. M.; Tuesday, Thursday and Saturday, 10 A. M. to 12 M.; Thursday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.

*Bellevue Hospital, Out Patient Department*, 419 East 26th Street.—Week days, 1.30 to 3.30 P. M. Children, Tuesday and Saturday, 1.30 to 3.30 P. M.; Friday, 7 to 9 P. M.

*Department of Health, Middle East Side Clinic*, 231 East 57th Street.—Daily, 2 to 4 P. M.

*Presbyterian Hospital Dispensary*, 70th Street and Madison Avenue.—Week days, 1.30 to 3 P. M.

*German Hospital Dispensary*, 76th Street and Park Avenue.—Monday, Wednesday, Thursday and Saturday, 11 A. M. to 12 M.

*Mt. Sinai Hospital Dispensary*, 100th Street and Madison Avenue.—Week days, 10 to 11 A. M.

*Department of Health, Harlem Italian Clinic*, 420 East 116th Street.—Week days, 10 A. M. to 12 M.; Tuesday, Thursday and Saturday, 2 to 4 P. M.; Tuesday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.

*Flower Hospital Dispensary*, Eastern Boulevard and 63rd Street.—Wednesday, 2.30 to 3.30 P. M.

## THE BRONX.

*Department of Health, Northern Clinic*, Third Avenue and St. Paul's Place.—Week days, 2 to 4 P. M.; Thursday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.

*Department of Health, Southern Clinic*, 493 East 139th Street.—Week days, 10 A. M. to 12 M.; Tuesday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.



## BROOKLYN.

*Department of Health, Eastern District Clinic, 306 South 5th Street.*—Daily, 2 to 4 P. M. Children, Saturday, 10 A. M. to 12 M.

*Department of Health, Germantown Clinic, 55 Sumner Avenue.*—Daily, 2 to 4 P. M. Children, Saturday, 10 A. M. to 12 M.

*Department of Health, Brownsville Clinic, 64 Pennsylvania Avenue.*—Week days, 2 to 4 P. M. Children, Saturday, 10 A. M. to 12 M.

*Department of Health, Bay Ridge Clinic, 60th Street and 2d Avenue.*—Monday, Wednesday, Friday, 2 to 3 P. M.

*Department of Health, Main Clinic, Fleet and Wiloughby Streets.*—Week days, 2 to 4 P. M. Night clinics for the whole of Brooklyn, Tuesday and Thursday, 8 to 9 P. M. Children, Saturday, 10 A. M. to 12 M.

*Department of Health, Parkville Clinic, 974 West Street.*—Daily, 2 to 4 P. M. Children, Saturday, 10 A. M. to 12 M.

## QUEENS.

*Department of Health, Flushing Clinic, 212 Broadway, Flushing.*—Daily, 2 to 4 P. M.

*Department of Health Clinic, 10 Union Avenue, Jamaica.*—Daily, 2 to 4 P. M. Children, Saturday, 10 A. M. to 12 M.

## RICHMOND.

*Department of Health Clinic*, Bay Street, Stapleton.—Tuesday, Thursday, Saturday, 2 to 4 P. M.

### TUBERCULOSIS HOSPITAL ADMISSION BUREAU.

Maintained by the Department of Health, the Department of Public Charities and Bellevue and Allied Hospitals, 426 First Avenue. Telephone 8667 Madison Square. Hours: 9 A. M. to 5 P. M.

### TUBERCULOSIS HOSPITALS AND SANATORIA.

Ray Brook, New York State Institution, located in the Adirondacks; incipient cases only.

Otisville Sanatorium of the Department of Health, located in Orange County; favorable cases only (first or early second stage). These patients are sent to Riverside for observation before being admitted.

Bedford Hills Sanatorium, Westchester County, particularly for Hebrews desiring Kosher food; must be residents of New York City.

Seaview Hospital, Department of Charities, located on Staten Island; favorable cases desired. Cases undesirable at Otisville, accepted at Seaview.

Riverside Hospital of the Department of Health, located on North Brother Island; principally used for detention cases; separate reception pavilions for Otisville patients under observation and awaiting admission.

Metropolitan Hospital of the Department of Charities, Blackwell's Island; advanced cases.



Seton Hospital, Spuyten Duyvil.

St. Joseph's Hospital, Brook Avenue and 143rd Street, The Bronx.

St. Vincent's Hospital, Staten Island.

St. Peter's Hospital, Henry Street, Brooklyn.

Brooklyn Home for Consumptives, 240 Kingston Avenue, Brooklyn.

## DIAGNOSIS CLINICS FOR VENEREAL DISEASES.

Manhattan—Centre and Walker Streets. Week days, 9 to 10 A. M.; 307 West 33rd Street, Wednesdays, 8 to 9 P. M.

Brooklyn—29 Third Avenue. Week days, 9 to 11 A. M.; Tuesdays and Fridays, 8 to 9 p. m.

## CLINICS FOR PASTEUR TREATMENT OF RABIES.

Manhattan—Centre and Walker Streets. Week days, 1 to 4 P. M.

Brooklyn—29 Third Avenue. Week days, 11 A. M. to 2 P. M.

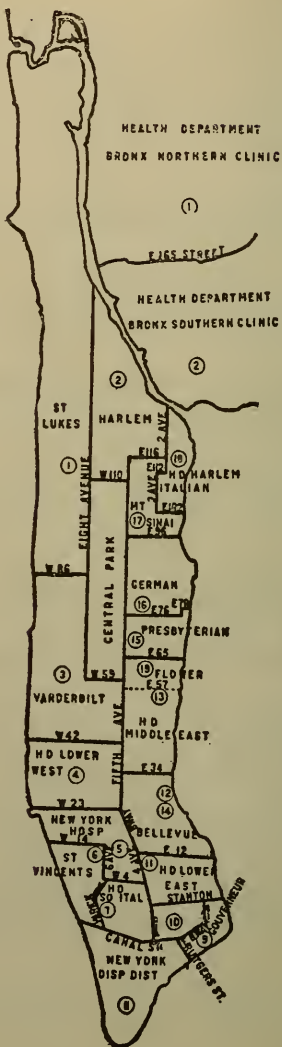
The Bronx—Third Avenue and St. Paul's Place. Week days, 11 A. M. to 1 P. M.

Queens—Cases attend Brooklyn Clinic.

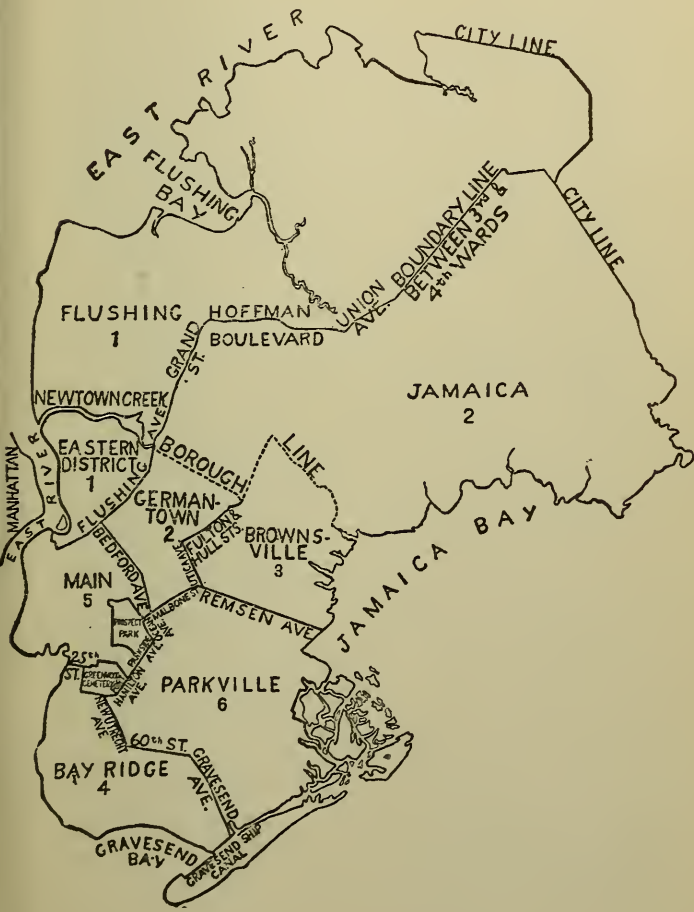
Richmond—Cases attend Manhattan Clinic.

*Sundays and Holidays—Cases from all Boroughs attend Brooklyn Clinic: 10 A. M. to 12 M.*

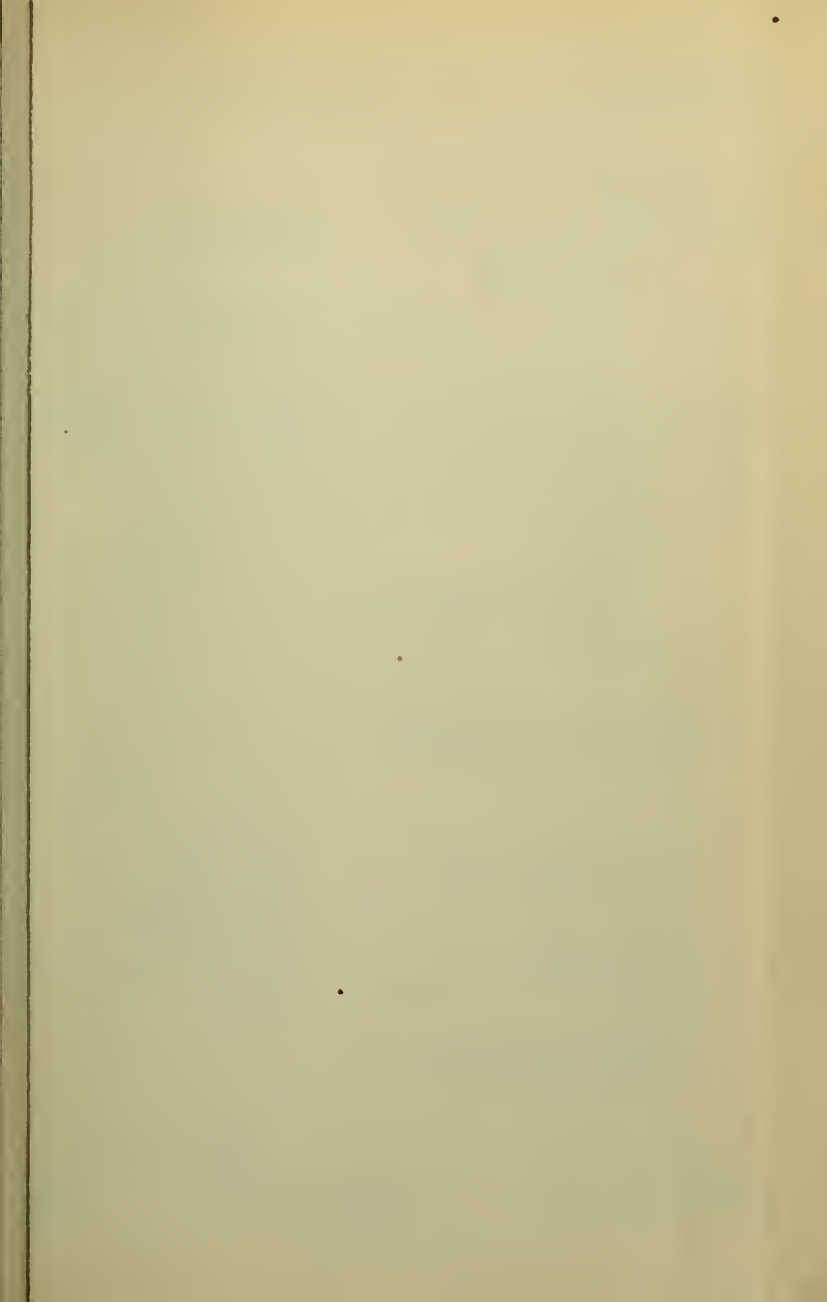
MAP OF MANHATTAN AND THE BRONX, SHOWING TUBERCULOSIS CLINIC DISTRICTS.



MAP OF BROOKLYN AND QUEENS, SHOWING TUBERCULOSIS CLINIC DISTRICTS.







Sec. 3. Chart showing Organization of Bureau.

# BUREAU OF INFECTIOUS DISEASES

DIRECTOR  
ASSISTANT TO DIRECTOR  
Executive Office

Chief Clerk  
Clerk in Charge of Supplies

Clerk in Charge of Employees' Records  
Clerks

Stenographers  
Helpers

## DIVISIONS

TUBERCULOSIS.	CONTAGIOUS DISEASES.	TYPHOID FEVER.	VENEREAL AND VETERINARY.	INSTITUTION INSPECTION.	NURSES.	DIAGNOSIS LABORATORY.
Chief of Division Supervisor of Clinics Stenographer Hospital Admission Bureau Physician-in-Charge Medical Inspectors Dentist Supervising Nurse Nurses Clerks Stenographer Cleaners	Chief of Division Chief Diagnostician Physician-in-Charge of Ambulances and Stables Supervising Automobile Engineman Clerk Stenographer	Chief of Division Chief Clerk Medical Inspectors Clerks Stenographer	Chief of Division Chief Veterinarian Veterinarians Medical Adviser Medical Inspectors Hospital Physician Nurses Chief Clerk Clerks Stenographer Bacteriologist-in-Charge of Serological Laboratory Laboratory Assistants Laborers Cleaners	Chief of Division Medical Inspectors Clerk	Superintendent Assistant Superintendent Clerk	Assistant Director Bacteriological Diagnostician in Charge of Laboratory Bacteriological Diagnosticians Laboratory Assistants Clerks Laborers Helpers

## BOROUGH OFFICES

MANHATTAN.	THE BRONX.	BROOKLYN.	QUEENS.	RICHMOND.
Borough Chief Borough Diagnostician Chief Clerk Clerks Stenographers Disinfecter-in-Charge Disinfectors Foreman in Charge of Stable Drivers Stablemen Automobile Enginemen Disinfecter-in-Charge of Disinfecting Station	Borough Chief Borough Diagnostician Chief Clerk Clerks Stenographers Disinfecter-in-Charge Disinfectors Foreman in Charge of Stable Drivers Stablemen Automobile Enginemen	Borough Chief Borough Diagnostician Chief Clerk Clerks Stenographers Disinfecter-in-Charge Disinfectors Foreman in Charge of Stable Drivers Stablemen Automobile Enginemen Disinfecter-in-Charge of Disinfecting Station	Borough Chief Chief Clerk Clerks Stenographer Disinfecter-in-Charge Disinfectors Foreman in Charge of Stable Drivers Stablemen	Borough Chief Clerk Drivers Laborers Disinfectors

### Branch Offices and Clinics

Physicians in Charge  
District Diagnosticians  
Supervising Nurses  
Nurses

Attending and Assistant Attending Physicians  
Volunteer Attending Physicians  
Clerks  
Cleaners

### Day Camps

Physicians in Charge  
Supervising Nurses  
Nurses  
Domestics

Orderlies  
Cleaners  
Watchmen



# SANITARY SUPERVISION OF INFECTIOUS DISEASES.

## AUTHORIZATION BY SANITARY CODE.

Sec. 4. Previous to May 6, 1913, the supervision exercised by the Department of Health over diphtheria, measles, scarlet fever and other diseases actively contagious, was conducted through independent Divisions of Contagious Diseases, one in each Borough. As the work done by these divisions was similar in character to that performed by the Division of Communicable Diseases, the Board of Health at a meeting held May 6, 1913, adopted a resolution combining the two, thus creating a new division to be known as the Division of Infectious Diseases. The Section of Contagious Diseases continued the work of the former divisions. By resolution of the Board of Health adopted October 28, 1913, the Division of Infectious Diseases was raised to the rank of a Bureau, and its former Sections to the rank of Divisions.

The Bureau of Infectious Diseases of the Department of Health exercises sanitary supervision over all infectious diseases (for detailed list, see Articles 1, 2 and 3 below) occurring in the City of New York, by virtue of the following sections of the Sanitary Code:

## REQUIRING NOTIFICATION BY PHYSICIANS.

(a) It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in



the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen :

1.—*Contagious* (very readily communicable) : Measles, rubella (rötheln), scarlet fever, small-pox, varicella (chicken-pox), typhus fever, relapsing fever.

2.—*Communicable*: Diphtheria (croup), typhoid fever, Asiatic cholera, tuberculosis (of any organ), plague, tetanus, anthrax, glanders, epidemic cerebro-spinal meningitis, leprosy, infectious diseases of the eye (trachoma, suppurative conjunctivitis), puerperal septicaemia, erysipelas, whooping cough, acute anterior poliomyelitis (infantile paralysis).

3.—*Indirectly Communicable* (through intermediary host) : Yellow fever, malarial fever.

[Note.—In this provisional classification of the infectious diseases, arranged for practical purposes, the most readily communicable of these diseases, embracing the exanthemata and typhus fever, have been placed in a group by themselves and called contagious. This has been done with a view to emphasizing a distinction, which is not only of scientific significance, but of practical importance, in dealing with the sanitary features of administration. This distinction is furthermore of importance because it avoids the misunderstanding and alarm frequently caused by including in the same class the very readily communicable diseases (such as small-pox), and the much less communicable diseases (such as tuberculosis), which require very different sanitary measures for their control.]

## REQUIRING NOTIFICATION BY INSTITUTIONS.

(b) It shall be the duty of the commissioners or managers or the principal, superintendent, or physician of each and every hospital, public institution or dispensary, in this city, to report to the Department of Health, in writing, the full name, age and address of any person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen:

A.—*Communicable*: Typhoid fever, influenza, lobar pneumonia, broncho-pneumonia, infectious diseases of the gastro-intestinal canal (dysentery, cholera morbus, cholera infantum, summer diarrhoeas of infants).

B.—*Parasitic Diseases of the Skin*: Scabies, tinea tonsurans, impetigo (contagious), favus.

[Note.—In this list of diseases reporting is required by the Department of Health in order that data may be obtained for general and special investigation of the modes and sources of infection and as to the prevalence and distribution of these diseases. The Department of Health does not purpose to exercise a sanitary surveillance in these cases, but desires information with a view to the ultimate removal or improvement in the conditions which now foster them. Notification is required in certain of these diseases because of the liability to their extension among the children in schools.]

## REQUIRING REPORTS OF DEATHS.

(c) It shall be the duty of every physician to report forthwith, in writing, to the Department of Health, the death of every person who dies from, or

while suffering with, any infectious disease, and to state in such report the specific name and type of such disease.

#### REQUIRING NOTIFICATION BY HOTELS AND LODGING HOUSES.

(d) It shall be the duty of every keeper of any boarding house or lodging house, and the proprietor of every lodging house or hotel, to report forthwith to the Department of Health all the known facts in regard to any person ill, in any house or hotel under his or her charge, and suffering from any one of the following infectious diseases: measles, diphtheria (croup), scarlet fever, small-pox, chicken-pox, epidemic cholera, typhus fever, rubella (rötheln), plague, tuberculosis and whooping cough.

#### REQUIRING NOTIFICATION BY LAYMEN.

(e) It shall be the duty of every person having knowledge of the existence of any person afflicted with any one of the following infectious diseases: measles, diphtheria (croup), scarlet fever, small-pox, chicken-pox, epidemic cholera, typhus fever, rubella (rötheln), plague, tuberculosis, typhoid fever and whooping cough, who he has reason to think requires the attention of the Department of Health, to at once report to the Department all facts in regard to the disease; and no person shall interfere with or obstruct the entrance, inspection or examination of any building or house, or the occupants thereof, by the inspectors and officers of this Department, when any case of one of the infectious diseases above specified has been reported as existing in such house or dwelling; nor shall any person interfere with or obstruct, mutilate

or tear down any notices of this Department posted in or on any premises in the City of New York.

## REQUIRING TUBERCULOSIS REPORTS FROM INSTITUTIONS.

(f) It shall be the duty of the commissioners or managers, or the principal, superintendent or physician of each and every public or private institution or dispensary in this city to report to the Department of Health, in writing,—or to cause such report to be made by some proper and competent person,—the name, age, sex, occupation and latest address of every person afflicted with tuberculosis, who is in their care or who has come under their observation, within one week of such time. It shall be the duty of every person sick with this disease and of every person in attendance upon any one sick with this disease, and of the authorities of public and private institutions or dispensaries, to observe and enforce all the sanitary rules and regulations of the Board of Health for preventing the spread of pulmonary tuberculosis.

## REQUIRING REPORTS OF REMOVAL OF TENANTS.

(g) Every owner, lessee, tenant and occupant of any dwelling or apartment in the City of New York shall forthwith report to the Department of Health in writing the removal of any person from such dwelling or apartment who shall be suffering from any of the following infectious diseases: measles, diphtheria (croup), scarlet fever, small-pox, chicken-pox, epidemic cholera, typhus fever, rubella (rötheln), plague, whooping cough or tuberculosis (of any organ).

## AUTHORIZING REMOVAL TO HOSPITAL.

(h) Whenever an Inspector of this Department shall report in writing that any person is sick of any infectious disease, under such circumstances that the continuance of such sick person in the place where he or she may be is dangerous to the lives of other persons residing in the neighborhood, the Sanitary Superintendent, an Assistant Sanitary Superintendent, or the Chief Inspector of the Division of Contagious Diseases, upon the report of the Medical Inspector of the Department, may cause the removal of such sick person to one of the hospitals under the charge of this Department or to a Hospital delegated by the Board of Health.

## PROHIBITING REMOVAL OF CASES.

(i) No person shall within this city, without a permit from the Board of Health, carry, remove, or cause or permit to be carried or removed, any person sick with any infectious disease, or remove or cause to be removed, any such person from any building or vessel to any other building or vessel or to the shore, or to or from any vehicle in any part of the city. Nor shall any person, by any exposure of any individual sick of any infectious disease, or of the body of such person, or by any negligent act connected therewith, or in respect of the care or custody thereof, or by a needless exposure of himself, cause or contribute to, or promote the spread of disease from any such person, or from any dead body.

## EXCLUSION FROM SCHOOL.

(j) No principal or superintendent of any school, and no parent, master or custodian of any child or



minor (having the power and authority to prevent) shall permit any child or minor having scarlet fever, diphtheria (croup), small-pox or any dangerous, infectious or contagious disease, or any child in any family in which any such disease exists or has recently existed, to attend any public or private school until the Board of Health shall have given its permission therefor, nor in any manner to be unnecessarily exposed, or to needlessly expose any other person to the taking or to the infection of any contagious disease.

## REQUIRING ISOLATION FACILITIES IN INSTITUTIONS.

(k) In every sanatorium, sanitarium, day nursery, convalescent home, home for children, reformatory, training school, boarding school, hospital, and dispensary, or institution for the care or treatment of persons in the City of New York there shall be provided and maintained a suitable room or rooms for the temporary isolation of persons suffering from any one of the following infectious diseases: Measles, diphtheria (croup), scarlet fever, small-pox, chicken-pox, epidemic cholera, typhus fever, rubella (rötheln), plague and whooping cough, and such persons shall immediately be separated from other persons at such dispensary or hospital. It shall be the duty of the physician or physicians, and of the officers and managers of every hospital or dispensary, to cause a report to be immediately made to the Department of Health of the City of New York of every person afflicted with any one of the infectious diseases herein specified who comes to their knowledge, and to have such persons

properly isolated from other persons; and shall also immediately report or cause to be reported to the said Department the name, age (so far as can be ascertained) and residence of every person received or treated thereat who is afflicted with puerperal septicaemia or suppurative conjunctivitis and the name of the particular disease with which the person is so afflicted; and shall also report the name and address of the physician or midwife in attendance at the time of the onset of the disease, which information it is hereby made the duty of such hospital or dispensary to obtain and record among its records.

## BURIAL REGULATIONS IN INFECTIOUS DISEASES.

(1) It shall be the duty of every undertaker having notice of the death of any person within the City of New York of small-pox, diphtheria (croup), scarlet fever, yellow fever, typhus fever, plague, Asiatic cholera, measles, cerebro-spinal meningitis, acute poliomyelitis, or any other infectious disease dangerous to the general health of the community, or of the bringing of the dead body of any person who has died of any such disease into such city, to give immediate notice thereof to this Department. No person shall retain or expose, or assist in the retention or exposure of the dead body of any such person except in a coffin or casket properly sealed; nor shall he allow any such body to be placed in any coffin or casket unless the body has been wrapped in a sheet saturated with a proper disinfecting solution and the coffin or casket shall then be immediately and permanently sealed. No undertaker shall assist in the public or church funeral of any such person. No



undertaker shall use, or cause or allow to be used, at any funeral, or in any room where the dead body of any person shall be, any draperies, decorations, rugs or carpets, belonging to or furnished by him or under his direction.

## REQUIRING PRIVATE FUNERALS IN INFECTIOUS DISEASES.

(m) A public or church funeral shall not be held of any person who has died of small-pox, diphtheria (croup), scarlet fever, cerebro-spinal meningitis, acute poliomyelitis, yellow fever, typhus fever, Asiatic cholera, measles or plague; but the funeral of such person shall be private, and it shall not be lawful to invite, or permit at the funeral of any person who has died of any one of the above diseases, or of any infectious disease, or at any services connected therewith, any person whose attendance is not necessary, or to whom there is danger of contagion thereby.

## REQUIRING BURIAL WITHIN 24 HOURS.

(n) No person shall allow to be retained unburied the dead body of any human being for a longer time than four days, or where death has resulted from small-pox, diphtheria (croup), scarlet fever, cerebro-spinal meningitis, acute poliomyelitis, yellow fever, typhus fever, plague, Asiatic cholera or measles, for a longer time than twenty-four hours, after death of such person, without a permit from the Sanitary Superintendent or an Assistant Sanitary Superintendent, which permit shall specify the length of time during which such body may be retained unburied.

## REQUIRING DISINFECTION IN INFECTIOUS DISEASES.

(o) Adequate disinfection or cleansing and renovation of premises, furniture and belongings, deemed by the Department of Health to be infected by contagious or communicable diseases, shall immediately follow the recovery, death or removal of the person suffering from such disease, and such disinfection or cleansing and renovation shall be performed by the owner or occupant of said premises when ordered by the Board of Health.

## AUTHORIZING RENOVATION OF PREMISES.

(p) All filthy and dirty walls and ceilings of any building, including the walls and ceiling of the cellar thereof, shall be thoroughly cleaned and white-washed whenever required by the Board of Health.

## REQUIRING NOTIFICATION OF GLANDERS.

(q) Every veterinary surgeon who is called to examine or professionally attend any animal within the City of New York having glanders or farcy or any contagious disease, shall report forthwith in writing to the Board of Health of said city the following facts, viz.: 1st, a statement of the location of such diseased animal; 2d, the name and address of the owner thereof; 3d, the type and character of the disease.

## REQUIRING DESTRUCTION OF GLANDERED ANIMALS.

(r) No person shall keep, retain or allow, or cause to be kept or retained at any place in the City of New York, any animal having the disease known as

glanders or farcy, or any other contagious disease, but shall forthwith report every such case and the location thereof to the Department of Health; the Sanitary Superintendent or an Assistant Sanitary Superintendent of the said Department shall cause every such animal to be destroyed and the body thereof removed and disposed of in such manner as shall be by him designated.

#### REQUIRING TAGGING OF DEAD HORSES.

(s) All dead horses, before they are placed in the street, must have a tag attached giving the name and address of the owner and the stable from which the horse was removed.

#### AUTHORIZING DESTRUCTION OF RABID ANIMALS AND VICIOUS DOGS.

(t) Every animal which shows symptoms of rabies and every animal that has been exposed to such disease shall, by the person owning the same or having possession thereof, be at once confined in some secure place for such length of time as to determine whether such disease exists or to show that such exposure has not given such animal said disease, and so as to avoid all danger to life or health. And such person shall also forthwith notify the Department of Health thereof and of the place where such animal is confined. Every animal which is mad or has rabies shall at once be killed by the owner or person having possession thereof, or by the Department of Health, and the body of any animal that has died of such disease, or being suspected of such disease has been killed, shall be at once surrendered to the Department of Health to be by it disposed of.

Should a dog bite any person it shall be the duty of the owner, or person having the same in his possession or under his control, to at once notify said Department thereof, and surrender said dog to said Department for inspection and observation; and such dog shall be returned to the person from whom the same shall have been received if found not rabid or vicious, and if found to be rabid or vicious to such an extent as to be unsafe to be at large, it shall be destroyed by said Department.

When the police or other person or authorities destroy a dog for any of the causes herein mentioned, it shall be his or their duty to immediately notify the said Department thereof and of the location of its body, so that the same may be obtained by the said Department; and it shall be unlawful to remove any such dog or the body of any such animal heretofore mentioned except as herein provided.

#### FORBIDDING SPITTING ON SIDEWALKS, ETC.

(u) Spitting upon the sidewalk of any public street, avenue, park, public square or place in the City of New York, or upon the floor of any hall in any tenement house which is used in common by the tenants thereof, or upon the floor of any hall or office in any hotel or lodging house which is used in common by the guests thereof, or upon the floor of any theatre, store, factory, or of any building which is used in common by the public, or upon the floor of any ferryboat, railroad car or other public conveyance, or upon the floor of any ferryhouse, depot or station, or upon the station platform or stairs of any elevated railroad or other common carrier, or into the street from

the cars, stairs or platforms of the elevated railroads, is hereby forbidden.

The corporations or persons owning or having the management or control of any such building, store, factory, ferryboat, railroad car or other public conveyance, ferryhouse, depot or station, station platform or stairs of any elevated railroad or other common carrier, are hereby required to keep permanently posted in each of said places a sufficient number of notices forbidding spitting upon the floors and calling attention to the provisions of this section.

It is hereby made the duty of every corporation or person engaged in the manufacture of cigars, cigarettes or tobacco, or conducting the business of printing in the City of New York, where ten or more persons are employed on the premises, to provide proper receptacles for expectoration. Such receptacles are to be in proportion of one for every two persons so employed, and they are to be cleansed and disinfected at least once in every twenty-four hours.

A copy of the preceding paragraph must be kept posted in a conspicuous place in every factory or printing office mentioned therein.

## REGULATIONS APPLYING TO ALL EMPLOYEES.

### TEMPORARY APPOINTMENTS.

Sec. 5. Temporary employees appointed because of non-existence of Civil Service eligible lists are examined by the Civil Service Commission within fifteen days after appointment and if successful in passing, continue to serve until a new eligible list is announced.

## EXAMINATION OF NEW EMPLOYEES.

Sec. 6. All new employees are vaccinated and undergo a physical examination when entering the service. They are re-examined and re-vaccinated from time to time, a record being kept of these examinations (Form 23 E). Immunization against typhoid fever is recommended.

## PROBATION PERIOD.

Sec. 7. Each employee appointed from the Civil Service eligible list is placed on probation for a period of ninety days. Reports as to quality, etc., of work are forwarded by the superior officer at the expiration of thirty, sixty and seventy-five days respectively. If unsatisfactory, employee must be so notified.

## FORBIDDING FEES.

Sec. 8. No physician, nurse, or other employee of the Department of Health is to accept money or other gratuity for acting in any official capacity.

## ABSENCES FROM DUTY.

Sec. 9. Whenever an employee is absent, said employee is to telephone or telegraph the fact immediately to the office of the superior officer. Within three (3) hours a written notification of absence (Form 21 C) is to be forwarded, stating cause,—if illness, its nature is to be stated. Every employee is expected to keep on hand one or more of these blanks. On return to duty, the employee is to report in person at the office of the superior officer, where a written application for leave is to be made out (Form 23 C) stat-



ing dates of absence, inclusive, and, if cause was illness, attaching a physician's certificate.

Whenever an employee reports that he is unable to perform his duties on account of "illness," "sickness," or other indefinite reason, an immediate investigation is made by a district diagnostician to determine the exact nature of such illness.

Each absent employee is examined at least once each week by a district diagnostician, who reports in writing the physical condition and the reason for continued absence, together with a recommendation that such employee immediately report for duty, if, in the opinion of the district diagnostician further absence is unnecessary.

Under no circumstances may employees, absent from duty for any cause, leave the city without a written statement of that intention being made to their superior officer, and the employees subsequently being notified that such permission has been given. Permission to leave the city will only be given when the employees inform their superior officer where they may be readily reached by mail.

### ABSENCE WITH PAY.

Sec. 10. This is granted under the following conditions:

A.—*Civil Service Examinations*: Absence with pay is granted for attendance at examinations for promotion within the Department, but not for attendance at examinations for appointment outside the Department.

B.—*Conventions*: No absence with pay is allowed for attendance at conventions, except where it is as a

representative of the Department, or permitted by legislative act.

C.—*Court Attendance*: (1) Absence without pay is granted where presence at court is required of a physician of the Department, in his professional capacity, for pay; (2) absence with pay is granted where presence at court is required on non-departmental business, when there is no other compensation than that prescribed by law: (3) absence with pay is granted for attendance at court on Department business.

D.—*Deaths in Family*: In case of death in immediate family (husband, wife, children, parents, brothers or sisters), three days' absence with pay is granted.

E.—*Illness*: Absence is granted with pay to an aggregate of two weeks in any one year to employees who have been more than one year in the service, and to an aggregate of one day for each month of service to employees in the service less than one year. But every request must be accompanied by a private physician's or diagnostician's certificate.

Absence is granted with pay for illness of more than two weeks, but in no case for a period exceeding six months, only after certification by a family physician *and* a district diagnostician that the employee was incapacitated from fulfilment of duties for the entire period of absence. The Director of the Bureau recommends such grant of pay, and the recommendation if endorsed by the Committee on Absences is submitted to the Board of Health for its approval.

The rule with regard to absence of over two weeks' duration is not to apply to employees of less than one year's standing.



F.—*Military or Naval Duty.*

G.—*Quarantine for Infectious Diseases.*

H.—*For Religious Holidays:* Only such as are permitted by the Mayor to be allowed to all employees of City Departments.

In the event of any employee being entitled to pay for only a part of the time of his absence, it is necessary to forward two applications, one for the time during which he is entitled to full pay, and the other for the time without pay.

When an application (Form 23 C) for a leave of absence is filed, where the applicant has already been absent seven days from June 1, a statement must be made on the application, showing:

First. Date or dates of absence from June 1 and reasons for prior absence.

Second. Whether the prior absence was granted with or without pay.

If pay is desired, the employee must also forward a separate formal statement giving reasons for this request. The superior officer of this employee on receipt of this application and statement, will endorse it as follows:

Name of employee, Civil Service title, date of appointment, statement regarding quality and quantity of work performed by him, and reasons for approval or disapproval.

Applications for leave not accompanied by statement described above, are forwarded with the recommendation that leave be granted without pay.

## NOTIFICATIONS OF ABSENCE.

Sec. 11. All notifications of absence and applications for leave of absence, after having been properly endorsed by the official immediately superior to the absent employee, are signed by the Chief of Division or Borough Chief and forwarded to the Director.

## VACATIONS.

Sec. 12. (a) An annual vacation of three weeks is granted to each employee, this to take effect for the year beginning June 1, 1914, therefore to be operative in the summer of 1915; (b) one week's vacation in addition to the three weeks allowed under preceding rule is granted to every employee who has been in the Department twenty years or more.

## HOURS OF DUTY.

Sec. 13. Every medical inspector is to give to the work of the Bureau at least three and a half hours daily, except on Sundays and legal holidays, but an inspector may be required to exceed these hours if the necessities of the service require it. Nurses devote at least six hours daily to their work. Saturday being a half holiday by statute, three hours constitute a Saturday's work.

Any employee of the Department of Health found to have tampered with the time clocks located in the various offices of the Department, or to have altered or falsified the time cards attached thereto, will be subject to dismissal from the Department of Health without further warning.

All officers of the Bureau are charged with the daily inspection before 10 A. M., of the time clock

cards of every employee of the Bureau under their supervision, using such cards. Tardiness of employees is thus taken up at once.

Tardiness or absences for unsanctioned causes may result in reduction of pay.

A monthly summary of time, tabulated from the daily reports of each employee of the Bureau of Infectious Diseases not using time clock cards or time sheets, is forwarded to the Executive Office and there kept on file.

The hours of duty of all clerks, laboratory assistants, laborers, etc., are from 9 A. M. until 5 P. M., but an employee may be required to exceed those hours, if, in the opinion of his superiors, the necessities of the service require it. The luncheon time of the clerks, stenographers, typists and all other employees on duty in the offices, is not to be longer than one hour, and is to be taken only between the hours of 12 M. and 2 P. M.

## DAILY REPORTS AND TIME RECORDS.

Sec. 14. Every employee of the Department of Health keeps a daily record of his hours on duty, and nature of work performed. Clerks, stenographers, and laboratory assistants register hour of arrival and departure daily on the time clocks at each Borough Office. Diagnosticians, inspectors and district nurses submit a daily report of work performed, the name and address of each case visited, the hour of arrival at the same, the nature of the assignment and the number of hours on duty. All other employees, without exception, submit the regulation time sheet (Form 23 A), showing hours on duty, etc. Each time sheet

covers a period of ten days, and is to be submitted immediately on its completion.

Every time card and time sheet must state the title, location of office and nature of the duties performed.

Employees who visit more than one office or locality in the performance of their duties, must state on the back of said time sheet the places other than headquarters visited, and the time spent thereat. Time unaccounted for is supposed to have been spent at headquarters.

### COMPLETION OF DAILY BUSINESS.

Sec. 15. All current business in each office of the Bureau is completed daily without regard to hours, before the office is closed, or the clerks leave for the day.

### INFORMATION FOR PUBLIC.

Sec. 16. No information of any kind is given to the public except when authorized by the Director of the Bureau. The names of complainants are never divulged by anyone connected with the Department of Health. Communications to co-ordinate branches of the city government are forwarded through the Executive Office.

### TELEPHONE REGULATIONS.

Sec. 17. Departmental telephones are not to be used for personal business. Permission to use the Department telephones may, however, be granted by the Director or his duly authorized representative, in case of emergency. The date, name and telephone number of person called, the name of person using the telephone, and the amount of the telephone charge,

together with the money collected, are to be forwarded monthly to the Auditor of the Department of Health. A telephone journal (Form 4 LL) for all out-of-Borough and personal calls and showing the above items, is kept in every Branch Office, Clinic and Day Camp, and also at the Hospital Admission Bureau.

## CARE OF DEPARTMENT PROPERTY.

Sec. 18. The property of the Department of Health entrusted to the care of employees is to be kept in perfect order. Breakage or impairment is reported immediately, in writing, to the Director of the Bureau, with an explanation of the cause.

All desks are to be kept in an orderly and cleanly condition.

All ink-wells to be cleaned and refilled in all offices as often as may be necessary, and at least once a week.

All pen-holders and pens are to be kept in a cleanly condition.

All typewriting machines are to be kept thoroughly clean, and in such condition that the typewritten matter will present a neat appearance and be plain and distinct.

Large blue blotters are to be provided where needed and changed as soon as they become soiled or otherwise unfit for use.

No small calendars, advertisements, superfluous cards, or other unnecessary ornaments are to be hung up or posted on walls or partitions in the various offices.

Letter-paper belonging to the Department of Health is to be used for Department of Health purposes only.

Desks and tables are to be cleared as far as possible at the close of business each day, and all roll-top desks closed.

All blanks and stationery are to be neatly stowed away in closets or cabinets for such purposes, and kept in a proper and careful manner.

No waste paper or other waste material is to be thrown on floor; waste baskets are provided.

Each individual is held directly responsible for the condition of the desks and tables used by him, and is always to keep the same in a neat and cleanly condition.

All records, reports, correspondence and copies of correspondence connected with the work of the Bureau of Infectious Diseases are to be properly filed before the close of the day's work. In no instance are any such reports, records, correspondence, or copies of correspondence to be put into the drawers or pigeon-holes of desks.

## VIOLATION OF SANITARY CODE.

Sec. 19. Any violation of the Sanitary Code coming under the observation of an employee of the Bureau is to be reported in writing.

## SMOKING.

Sec. 20. Smoking and the drinking of intoxicating liquors during office hours are strictly forbidden.



## KNOWLEDGE OF REGULATIONS.

Sec. 21. Every employee of the Bureau is expected to familiarize himself with all sections of this Handbook which apply to himself or his duties.

## REGULATIONS APPLYING TO ALL OFFICERS.

### MONTHLY CONFERENCES.

Sec. 22. A conference of the Chiefs of Division and Borough Chiefs is held at 2 P. M. on the second Tuesday of each month, notice of same being forwarded (Form 279 L). Recent orders and new proceedings are discussed. A similar conference of the Borough Chiefs and physicians-in-charge of Branch Offices is held at 2 P. M. on the third Tuesday of each month. Similar conferences of diagnosticians, veterinarians, clinic physicians, nurses, etc., with their respective Chiefs, are held at regular intervals.

### CORRESPONDENCE AND REPORTS.

Sec. 23. Complaints (personal, telephonic, and written), and requests for information, received at the Executive Office, are entered in a journal (Executive Office, Form 6 LL; Borough and other Offices, Form 19 LL) and referred to the proper officer of the Bureau. If referred "for investigation and report," a memorandum of the original records is to be returned to the Executive Office. If "for investigation" only the matter is to be finally disposed of, and acknowledgment made directly to the complainant by the officer, the papers being returned for final reference to the Central Filing Bureau.

Similar communications made directly to an officer of the Bureau are to be investigated, and disposed of

by him, or if his judgment so dictates referred to the Director. All matters dealing with the policy of the Department of Health are to be referred to the Executive Office.

Carbon copies of all correspondence, reports, etc., are filed according to subjects and cross referenced by means of a card index of names and addresses. Every report, complaint, etc., of which there is no carbon copy, is journalized before being forwarded.

All papers received at, or forwarded from the Executive Office, are journalized there (Form 6 LI.).

### CENTRAL FILING BUREAU.

Sec. 24. The central filing bureau for all completed correspondence, discarded records, etc., is located in the office of the Secretary of the Department of Health, at Centre and Walker Streets. All completed correspondence is to be forwarded to the Executive office, securely wrapped in packages of convenient size, marked "For Central Filing Bureau." Each package should be clearly labeled with a description of its contents, and the name of the office from which it comes. All cards, records, etc., that are no longer in use should be forwarded in the same way. Clinics and Borough Offices should forward histories of dead cases of tuberculosis dating back two years, and old typhoid and other histories; the Diagnosis Laboratory and Borough Offices, all specimen slips no longer in active use; the Branch Offices, all old daily reports to and from the Borough Offices, and all "discontinued cases" more than two years old.

These records can be consulted at any time, or obtained on request.



## GENERAL DUTIES.

Sec. 25. Officers must properly indorse and forward to the Executive Office all bills, requisitions, reports, applications for leave of absence, carfare and telephone bills, and immediately upon receipt of all goods must sign and forward receipt for same (Form 228 L). They must forward a vacation schedule for employees under their supervision, to the Executive Office by May 1st of each year.

They must keep a diary of the daily events, delinquencies, etc., occurring in their offices or among those under them, and in making reports to the Director, specific facts, dates, etc., must be given. The diaries are inspected at the close of each year. All delinquencies of subordinates are also recorded in a card index.

All complaints received are to be forwarded to the complaint clerk of the Borough, who will enter them in his journal and return them for investigation. All reports are made on the Bureau letter-head (Form 131 L).

## SPECIAL DUTIES.

Sec. 26. (a) DIRECTOR. The Director has full authority over all branches of the work of the Bureau. He informs the Commissioner from time to time as to the character and amount of work performed by the Bureau and forwards such written reports as may be required. He supervises the work of the Bureau, directs the detailing of all employees, and makes such changes in the methods employed as will best carry out the work of the Bureau.

In the absence of the Director, the Medical Inspector, detailed as Assistant to the Director, is in charge of the work of the Bureau.

A special assignment slip is used in this office (Form 19 L).

(b) CHIEFS OF DIVISION. The Chiefs of Division exercise general supervision over all matters pertaining to the work of their particular divisions throughout the city.

(c) BOROUGH CHIEF: Each Borough Chief is responsible for the notification, registration, sanitary supervision, disinfection and removal to hospital (when necessary) of all cases of infectious diseases, including tuberculosis, occurring in his borough. He is also responsible for the registration of glanders and dog bites. He submits and records the following reports:

Daily telephone report to the Executive Office before 9.15 A. M. each day, of the work of the Bureau, absences, etc., in the Borough for the preceding twenty-four hours; the number of new cases of tuberculosis.

Weekly summary of new cases of tuberculosis for preceding week, by telephone, to Executive Office every Monday morning.

Weekly report to the Executive Office (Form 230 L) to be used in compiling the weekly report of the Bureau to the Commissioner. In a loose leaf record (255 L) is recorded the weekly summary of the daily reports of each inspector, so that his work for the year can be seen at a glance.

Monthly summary to the Executive Office of total number of hours on duty of each inspector.

Inventory of stock of blanks on the fifteenth day of January, May and September, and report of same to the Executive Office (Form 53 L).

Annual and semi-annual reports to the Director of Bureau, of work performed in the Borough.

Daily record of number of new cases of tuberculosis and how reported, number of cases among children, and other data.

There is kept on a bulletin board (a) the list of supply stations in the Borough; (b) a list of Sunday, holiday and night assignments of inspectors; and (c) all current orders, notices, etc.

All reports of cases of tuberculosis from private physicians, whether by postal or positive laboratory specimens, are acknowledged by letter (Form 16 L).

(d) PHYSICIANS-IN-CHARGE. Each Physician-in-charge is responsible for the registration and sanitary supervision of all infectious diseases in his district unit, the conduct of his clinic and for the work of all employees attached to his office. He is the head of the district organization and is responsible for the accuracy of all reports and files as well as the prompt disposition of cases assigned.

## REGULATIONS APPLYING TO FIELD WORKERS.

### DAILY REPORTS.

Sec. 27. All field workers (district diagnosticians, inspectors, district nurses, veterinarians, disinfectors, etc.) submit a daily report of work performed (Inspectors, Form 108 L; Nurses, Form 259 L; Veterinarians, Form 165 J; Disinfectors, Form 169 J), in-

cluding hour of arrival at each assignment, and total number of hours on duty. These reports are made out at the office of the district to which these employees are detailed, forwarded to the Borough Office each day in addressed envelopes (Forms 91, 100 and 114 L) and there kept on file. At stated intervals the correctness of these reports is investigated by another inspector or nurse, who repeats each visit paid the day before, and submits a report (Form 4 L).

### SEARCH FOR NEW CASES.

Sec. 28. Every Diagnostician, Medical Inspector, Clinic Physician or Nurse, when entering for the first time any building used for residential purposes, inquires of the janitor or person in charge as to the existence of any cases of illness on the premises. If informed that any such cases exist, they are at once inquired into. This is understood as included in all instructions regarding assignment of district work. The above employees carry postal cards for reporting cases of infectious diseases.

### BADGES.

Sec. 29. Each physician and nurse must wear the Department badge while on duty. It must not be carried in their pockets, bags or card cases.

### PERSONAL ATTENTION TO ASSIGNMENTS.

Sec. 30. Unless otherwise specifically stated, all assignments require that the inspector or nurse visit premises in person. Information obtained by telephone is not to be submitted as a report of an inspection.

## CARFARE AND TELEPHONE BILLS.

Sec. 31. Certain employees of the Bureau who spend money for carfare and for telephone service while engaged in the performance of their official duties, are reimbursed by the Department of Health. Each 5-cent item spent for carfare is accounted for by giving points to and from which the car was taken. The first and last fare of the day must not be charged, nor is carfare allowed between the employee's house and the Borough Office. Intersecting points and not house numbers must be given. Each 5-cent item spent for telephone service is accounted for by giving the number of the stations to and from which the call was made. Unintelligible abbreviations must not be used. At the end of each month the employees sign and swear to their monthly bills at the respective Borough Offices.

The carfare and telephone bills (Forms 243 and 244 L) are made out in duplicate, signed and sworn to by the employee, certified by his or her superior officer, and forwarded to the Director by the fifth day of each month. A record is kept of the amount, date of receipt and date of forwarding of each employee's bill.

All bills are then certified to by the Director and forwarded to the Auditor of the Department of Health. When the bills are paid, the checks are sent to the Chiefs of Divisions, who distribute the money, obtain receipts from the employees and return them to the Executive Office.

Collectors are paid their carfare in advance, from two special funds of \$500 each, provided for that purpose, giving receipts (Form 94 L) for amount re-

ceived. Their bills must be approved by the Assistant Director of the Diagnosis Laboratory. At the end of each month they submit sworn vouchers, showing how money was used. These vouchers are submitted to the Department of Finance in lots of \$500.

## ROUTINE PROCEDURE—EXECUTIVE OFFICE. DUTIES OF CHIEF CLERK.

Sec. 32. The Chief Clerk of the Bureau is responsible for the proper performance of the following routine duties:

### REPORTS.

Sec. 33. A daily report to the Commissioner giving the number of cases of infectious diseases reported during the preceding twenty-four hours as compared with the corresponding date of the previous year (Form 185 L). Copies are also mailed in envelopes (Form 6 J) to the Health Officer of the Port, Academy of Medicine (Form 3 J), and to the State Board of Health (Form 8 J).

A weekly report every Wednesday to the Commissioner of the work of the Bureau (Form 13 L), compiled from the weekly reports of the Chiefs of Division and Borough Chiefs, Superintendent of Nurses, Hospital Admission Bureau, and the Assistant Director of the Diagnosis Laboratory. The complete report for each week is copied in a loose-leaf record (Form 255 L).

Similar quarterly, semi-annual and yearly reports are submitted giving the figures compiled from the weekly reports during those respective periods.

A monthly pay-roll is forwarded on the 15th of each month, giving the name, title, and current salary of every employee on active duty in the Bureau.



## OFFICE OF SUPPLIES.

Sec. 34. All matters concerning supplies, blanks, repairs and alterations, and bills for the same, are cared for by the Office of Supplies.

Borough and Division requisitions (Form 59 L) for all requirements are referred to this office.

Department requisitions (Form 98 B) are then made out, and after approval and signature of Director, are forwarded to the Commissioner for his approval. If approved, a notice to that effect is received from the Chief Clerk of the Department of Health.

All requisitions, orders and bills are filed in large manila envelopes (Form 118 L).

When goods have been delivered and accepted, a receipt (Form 228 L) is to be forwarded immediately to the Executive Office.

Consignors are required to submit their bills in quadruplicate, accompanied by the original order. A "received" stamp is placed on the back of three bills, and they are signed by the employee accepting the goods. Certification slips (Form 197 L) are attached to two copies, signed and forwarded to the Auditor of the Department of Health. Employees receipting bills are held responsible for the proper fulfillment of the order. The quadruplicate copy of the invoice, together with a statement (Form 4 C) showing name of vendor, articles received, and by whom received, is forwarded to the Auditor and by him to the Division of Inspections, Department of Finance.

A requisition is forwarded on the first of each month for the regular current expenses of the

Bureau—ice, express charges, drugs, carfares, telephone calls, food for camps, repairs to instruments, blood for the preparation of culture media, carfare expenses of employees, etc.

### RECORDS, BLANKS, ETC.

Sec. 35. Each of the blanks, circulars, leaflets, envelopes, record books, etc., has a form number by which it is known, the letter "L" or "J" placed after each number indicating the Bureau of Infectious Diseases. Two "L's" or two "J's" indicate a bound record. A complete record is kept of each blank on the outside of large manila envelopes (Form 115 L) filed serially, showing the date and amount of all special and annual requisitions, date of proof, receipt, and the date the printed matter was received. The stock on hand at the end of every four months is also shown. The envelopes contain three of the latest samples of each form. A card index, arranged according to subjects and titles, is also used as a cross reference.

The annual requisition for blanks, stationery, etc., is forwarded to the Chief Clerk of the Department of Health on the first of July of the preceding year. The form number, description, estimated amount used monthly, and the number needed for each Borough are stated. A sample of each form ordered must be forwarded with the requisition.

Supplies of blanks, etc., are forwarded to Borough Offices in special envelopes (Form 253 L).

### EFFICIENCY RATINGS.

Sec. 36. On November 10th, 1913, with the approval of the Commissioner, the Director appointed a



Committee on Grading and Efficiency to consist of five members. The Medical Inspectors, Clinic Physicians, Nurses, Laboratory workers, and the Clerical Staff of the Bureau, are represented on this Committee.

This Committee supervises the efficiency ratings of the employees of the Bureau, subject always to Civil Service requirements.

Each employee is rated by the superior officer in closest touch with his work. Ratings received by superiors, if approved, are forwarded without change; if not approved, they are forwarded with necessary comments and explanations. A permanent record of quarterly ratings is kept in each Borough and Division Office (Form 28B).

At the end of each quarter, each rating official forwards to the Committee a list containing name, Civil Service title, date of appointment and rating of each employee rated by him. If the rating is above or below "average" an explanation must accompany it on card (Form 93 L).

All delinquencies are noted on the quarterly rating card.

Employees are rated according to following schedule:

- |                            |    |
|----------------------------|----|
| 1. Quality of work.....    | 30 |
| (a) Results obtained ..... | 20 |
| (b) Promptness .....       | 5  |
| (c) Care of property.....  | 5  |
| 2. Quantity of work.....   | 20 |

General conduct .....	20
(a) Willingness .....	5
(b) Courtesy .....	5
(c) Neatness .....	5
(d) Personality .....	5
Executive ability and capacity for initiative...	20
(a) Executive ability .....	10
(b) Capacity for initiative.....	10
Attendance .....	10

## INFECTIOUS DISEASES.

### GENERAL PROCEDURE.

#### BOROUGH OFFICES.

Sec. 37. A Borough Office of the Bureau is located in each of the five Boroughs of the City. (See Directory Sec. 2.) Each Borough Office is under the direction of a Borough Chief and has a staff consisting of a Borough Diagnostician, Chief Clerk, Disinfectector-in-charge, clerks and stenographers. At these offices are registered and eventually filed all cases of infectious diseases occurring in the Borough.

#### NOTIFICATION OF INFECTIOUS DISEASES.

Sec. 38. The Department of Health is notified by law of all cases of infectious disease occurring in the City of New York. These cases are reported by—

a. Private physicians—

(1) in writing.

(2) by laboratory specimen.

[NOTE.—Delinquent List. The names of those physicians who fail to promptly report the cases of infectious diseases (Sanitary Code Sec. 4 A) under their

professional care, are forwarded to the Executive Office on a special card (Form — L). Upon the occurrence of a second offence, legal proceedings may be instituted.]

b. Institutions.

When a case of infectious disease occurs in an institution the Department of Health is at once notified by telephone.

NOTE.—(Cases of tuberculosis are reported by telephone to the Hospital Admission Bureau, which in turn reports the cases to the Borough Offices of the Department of Health.)

The Tuberculosis Clinics (Department and Non-Department) report daily to the local Branch Office and thence in turn to the local Borough Office (Form 94 L). [To facilitate the collection of this information and obviate delay, confusion and error, special record books are furnished to each Non-Department Clinic (Form 9 LL.)]

Tuberculosis sanatoria report their cases by mail on blanks furnished for that purpose (209 L), to the Hospital Admission Bureau, which in turn reports to the Branch Offices of the Department of Health.

c. Deaths from infectious diseases are reported by the death certificates forwarded by the attending physician to the Bureau of Records of the Department of Health, and thence to the Borough Office of the Bureau of Infectious Diseases.

d. Complaints from lay individuals or organizations, and by employees of the Department of Health and other branches of the City Government. Inspectors (Form 43 J), Sanitary policemen (Form 39 J). Policemen report on Form 175 J.

e. Nurses and visitors of charitable organizations report cases coming under observation on a special card (Form 277 L). Every case of infectious disease reported is acknowledged.

## REGISTRATION OF INFECTIOUS DISEASES.

Sec. 39. All cases reported are registered at the Department of Health and all necessary steps are taken to render both notification and registration as accurate and complete as possible.

The system of registration for all infectious diseases is essentially uniform. In tuberculosis, because of the prolonged period of supervision for each case, the system has been considerably elaborated.

This system of registration and sanitary supervision, depending as it does upon the subdivision of each Borough into co-ordinate parts, and locating therein the records of the infectious diseases of that part has greatly increased the accuracy, flexibility and efficiency of the work. A great amount of duplicate reporting and copying has been done away with, and a more complete control of the nurses both as to the quality and quantity of work done has been attained.

## RECORDS AT BOROUGH OFFICES.

Sec. 40. All cases of infectious diseases reported to the Department of Health are registered at the office of the Borough in which they occur. The information thus received is forwarded to the proper Branch Office, by telephone and daily written report.

The results of examination of diphtheria cultures, admissions to and discharges from hospitals, and

deaths, are reported to the Branch Office daily on a special blank (Form 23 J and 89 L).

A daily report (Form 1 J) of new and discontinued cases of infectious diseases, with corresponding figures for the preceding year, is forwarded to the Executive Office.

A list of all new and discontinued cases of infectious diseases is sent daily to the printer. The printed lists are mailed by the printer in envelopes furnished by the Board of Education to public schools, and to others, in envelopes furnished by the Department of Health (Form 80 J).

The following records of cases of infectious diseases are maintained:

(a) GENERAL ENVELOPE NAME FILE of current cases of diphtheria, measles, scarlet fever, typhoid fever, cerebro-spinal meningitis, acute poliomyelitis and smallpox. When an envelope is temporarily removed a tally card (Form 136 J) is substituted therefor.

(b) HOUSE FILE.—Every case of the more important infectious diseases, with the exception of tuberculosis, is entered by name on a house card (Form 95 L), which is filed in the Borough Office. [The tuberculosis house cards are filed in the Branch Offices.] All subsequent cases reported from that address are recorded on the same card. If not found at the address given, that fact is noted later in column "Location of Apartment." [In private physicians' cases of tuberculosis, the physician's report is accepted and the case entered on the house card, the address being verified by the district nurse. In cases reported by non-Department clinics, the nurses of that clinic district obtain the desired information regarding

the house and forward it on a special card (Form 149 L).] On the house card are entered: (1) The street and number, the Borough, the number of stories in the house, the material of which it is built, if built before or after 1901 (the year the new tenement law went into effect); its condition, and its character (tenement, private house, hotel, etc.), and the number of cases of tuberculosis reported from the house prior to 1910 (the year the house file was begun). All this constitutes a permanent record of the house itself; (2) the name of every patient reported from that house since January 1, 1910, the date case was reported, record number, location and number of rooms, how long patient had been in house, date patient's family left house, what disinfection was performed, and of what rooms, where family moved to, and date of death or recovery of patient. [All living cases of tuberculosis in the register on January 1, 1910, were entered in this file.] These cards are filed according to address and take the place of the house maps which (in Manhattan) had been maintained for the previous fifteen years. Not only are the records of great value in furnishing evidence that a given house (or rooms in that house) is dangerous to live in, but they also serve to identify patients. Many foreigners are reported under different names from different sources, and can only be identified by such an index as this. When it is ascertained that a house has been torn down, this fact is entered on card and a new card started when a new case is reported from the new house.

(c) Laboratory file of active cases of diphtheria.

(d) Laboratory file of active cases of typhoid fever.



(e) Card name file (126 L) of active cases of pulmonary tuberculosis.

(f) Separate discontinued envelope name files of terminated cases of,—

- (1) diphtheria
- (2) scarlet fever
- (3) measles
- (4) typhoid fever
- (5) cerebro-spinal meningitis
- (6) acute poliomyelitis
- (7) smallpox
- (8) glanders
- (9) dog bite

(g) Separate report postal address files of,—

- (1) German measles
- (2) mumps
- (3) chicken pox
- (4) whooping cough

(h) Borough envelope name “not found” file of cases of pulmonary tuberculosis. (The general “homeless” file of cases of pulmonary tuberculosis for the greater City is kept in the Executive Office.)

(i) Envelope name file of dead cases of pulmonary tuberculosis.

### BRANCH OFFICES.

Sec. 41. Each Borough is divided into one or more district units, within each of which is located a Branch Office of the Bureau. (For diagram and boundaries of the districts see Directory, Sec. 2.) Each Branch Office is under the supervision of a Physician-in-charge and has a staff consisting of a District Diagnostician, Supervising Nurse, and corps of district nurses, clinic



physicians, cleaners, etc. All matters pertaining to infectious diseases occurring in the district are referred to the Physician-in-charge. At these offices are filed the records of all active cases of infectious diseases, except typhoid fever, occurring in the unit. Upon termination of each case, its records are forwarded to the Borough Office.

## BRANCH OFFICE SYSTEM OF REGISTRATION.

Sec. 42. The new Branch Office system of registration was introduced late in 1911, and has proven entirely satisfactory. It is a return to the old system in vogue prior to 1910. In brief it consists in locating the records in the clinic districts, so that they may be readily accessible to and corrected by the district nurses. The records are given out to the diagnosticians and nurses, who make their reports on them. This does away with a great amount of duplicate reporting and copying. Lastly the work of the diagnosticians and nurses is under complete control. Their day's work can be laid out the day before, and is ready for them each morning. An exact day's work, apportioned to the size of the district, can be assigned. Every assignment is reported on the next working morning.

## RECORDS AT BRANCH OFFICES.

Sec. 43. At each Branch Office are located the records of all active cases of infectious diseases occurring in the district unit. The district nurses make their reports on the official records of the cases.

All new cases of infectious diseases are entered in a daily telephone Journal (Form 3 LL), as they are received from the Borough Office.

The following records of cases of infectious diseases are maintained at each Branch Office:

(a) General name-file for each nurse's district, of histories of active cases of diphtheria, scarlet fever, measles, typhoid fever, cerebro-spinal meningitis and acute poliomyelitis;

(b) General date tally file according to nurses' districts, of above diseases.

(c) Envelope name-file, according to nurses' districts, of active cases of pulmonary tuberculosis.

(d) House file, according to nurses' districts, of cases of pulmonary tuberculosis (see Sec. 40 b.)

(e) Date tally file (Form 126 L) according to nurses' districts, of active cases of pulmonary tuberculosis.

(f) Envelope name file, according to clinic districts, of temporarily discontinued cases of pulmonary tuberculosis.

#### GENERAL PROCEDURE AT BRANCH OFFICES.

Sec. 44. On receipt of report of a case from whatever source, it is entered in the Borough Office Journal (Form 3 LL), searched for in the files and if found to have been previously reported, any new facts received are entered on the records. If a new case, it is at once assigned to the nurse in whose subdistrict it is located. On the arrival at the home the nurse obtains a complete history of the case and takes such further action as the exigency and character of the case demand. The routine procedure followed by an inspector or nurse of the Department in attendance upon any case of infectious disease is described in detail under each disease. All persons (or families of

uch persons) suffering from these diseases are instructed as to the proper measure to be taken to prevent their spread.

According to the results of the investigation, cases are classed as "supervision" cases (visited every few days) if they need close watching, or as "observation" cases (visited at relatively long intervals) if kept under observation only. Every case occurring among school children or teachers is reported to the Bureau of Child Hygiene through the Borough Office (Form 51 J).

### TALLY OR "TICKLER" FILES.

Sec. 45. In each Branch Office tally files are kept, by means of which are assigned to the nurses the primary and later history cards of all cases of infectious disease under observation or supervision, which are to be revisited. On the tally card (Form 126 L) are entered the name and address of the patient, and date report is due.

Tally cards of all new cases received and assigned are compared with the daily printed list on the following morning to make certain that every case has been received and assigned.

### TALLY SHEETS AND WEEKLY REPORT.

Sec. 46. Large daily tally sheets (Form 36 L for tuberculosis, Form 42 J for other infectious diseases) are kept posted in each Branch Office. On these are entered the number of additions to and removals from the active files, the results being totaled daily. On these sheets are also recorded the number of new cases, duplicates and deaths reported; the removals calling for disinfection, and the disinfections and renovations

ordered, and other items for the weekly report of the Branch Office (Form 35 L).

### DAILY REPORT TO BOROUGH OFFICE.

Sec. 47. Each Branch Office forwards a daily report to the Borough Office by collector (Form 94 L). It is begun in the clinic the day before, and gives all information obtained from the tuberculosis clinics and district nurses as to new cases, change of address or of class, deaths out of city, duplicates,—in short, all information required by the Borough Office to correct the central name files. These reports are returned from the Borough Office the following day, and are filed in a loose-leaf binder together with the corresponding daily report from the Borough Office (89 L). The two thus constitute a daily journal. (The daily reports from the Borough Office are submitted to the clinic for correction of its records before being filed.)

### DIVISION OF CONTAGIOUS DISEASES.

Sec. 48. The Division of Contagious Diseases is responsible for the notification, registration, sanitary supervision, diagnosis, isolation, removal to hospital, and disinfection in all cases of infectious diseases (except tuberculosis, typhoid fever and venereal diseases) occurring in New York City.

The registration, sanitary supervision and care of small-pox, cholera, plague, yellow fever, typhus fever, diphtheria, measles, scarlet fever, chicken-pox, German measles, mumps, whooping cough, cerebro-spinal meningitis, acute poliomyelitis, tetanus, anthrax, glanders (human), leprosy, trichinosis, malarial fever and erysipelas by the Division of Contagious Diseases are organized as follows:

## CHIEF OF DIVISION.

Sec. 49. The Chief of Division exercises general supervision over all matters pertaining to the work of the Division throughout the City.

The Chief Diagnostician, and the Physician-in-charge of Ambulances, Disinfecting Stations and Stables report to him.

## DUTIES OF CHIEF DIAGNOSTICIAN.

Sec. 50. The Chief Diagnostician sees all cases of actual and suspected small-pox, typhus fever, yellow fever, cholera, plague and human glanders, also all doubtful cases of adult chicken-pox and all doubtful and disputed cases of other infectious diseases. He holds monthly conferences with Borough and District Diagnosticians and holds clinics in Department hospitals on all suitable cases of special interest. He keeps a record of the correctness of the diagnoses of District Diagnosticians and of Institution Inspectors in connection with cases removed to Department hospitals, reporting all errors discovered to the diagnostician at fault.

## DUTIES OF BOROUGH DIAGNOSTICIAN.

Sec. 51. Borough Diagnosticians relieve the Borough Chief and inspect adult cases of chickenpox and such other cases as, in the absence of the proper district diagnostician, may be referred to them by the Borough Offices or by the Chief Diagnostician.

## DUTIES OF DISTRICT DIAGNOSTICIAN

Sec. 52.

A. (1) The District Diagnostician is on duty at all hours.

(2) Each morning (except Sundays and holidays) he reports in person at the Branch Office of his district before 10:00 A. M., in order to receive assignments for the day.

(3) Special cases are given to him after assigning hour by the Branch Office, and after office hours by the Borough Office through the telephone.

(4) Before leaving district he calls Branch Office by telephone to receive cases and report on special cases (for removal, for instance).

(5) He again calls up the Branch Office before the closing hour of the latter.

(6) Relief—In order to be relieved from duty temporarily a district diagnostician may make arrangements with another Diagnostician to take his work, but before absenting himself must notify the Branch Office, which will in turn notify the Borough Office.

B.—He performs immunization for diphtheria on request of nurses or others (if possible at hour suggested). If unable to obtain consent to immunize, he will make every effort to have the same performed by the private physician.



C.—He examines and makes out removal slips for cases requiring removal to hospitals. Also informs family of destination of case, together with address and telephone number of the hospital.

D.—He diagnoses cases on the request of private physicians and Department nurses, and such other cases as are in dispute.

E.—He investigates cases of cerebro-spinal meningitis and poliomyelitis, secondary visits being made by nurses.

F.—He investigates absences of Department employees.

G.—He issues special school certificates.

## DISTRICT NURSES.

### INSTRUCTIONS.

#### ON FIRST VISIT.

Sec. 53.

1. Locate janitor and inquire if anyone in the building is sick with any infectious disease and without a physician in attendance.

2. On arrival at apartment of patient .

- (a) Inspect quarantine ;
- (b) Get necessary data for history card (20 J) ;
- (c) Exclude teachers and scholars, make out exclusion postal card (Form 14 J) and inform family that teachers and pupils must not attend any schools ;
- (d) Note on history card (20 J) whether case is for observation or supervision ;



- (e) Ascertain what members of the family have had this disease. Enter same on history card;
- (f) State number to be immunized and by whom;
- (g) Deliver hanging card calling attention to details relating to this case;
- (h) Where rooms are back of store or entrance to same is through the store, inform family that store must be closed or case removed to hospital;
- (i) Ascertain the occupations of members of family; teachers and persons engaged in handling of foods must change address or stop work; it is necessary for teachers to have special school certificates in order to re-enter school;
- (j) If manufacturing is being done in a home where there is infectious disease, direct family to stop same, notify Branch Office, and order disinfection of goods;
- (k) If illness is in family of superintendent or janitor, inform him he must stop work or reside elsewhere;
- (l) Post placard in tenement houses, lodging houses, boarding houses, furnished room houses and two-family houses with common entrance;
- (m) Take cultures from patient and other members of the household, only when requested.

## ON REVISITS.

ec. 54.

1. Determine if quarantine is observed. If not observed, warn family and notify Branch Office. In case of second violation, telephone Branch Office.

2. Ascertain if secondary cases have appeared in the family; if so report to Branch Office as a suspected case.

## FINAL VISITS.

ec. 55.

### A.—*Diphtheria*.

1. Quarantine 7 days.

2. If two successive negative cultures have been taken by the attending physician (or by employee of the Department of Health) remove placard and instruct family regarding renovation.

3. Issue school certificates as follows:

To patient if a school child;

To teachers and pupils who have been immunized and whose cultures are negative, otherwise wait five days.

### B. *Scarlet Fever*.

1. Quarantine 35 days, or until patient is free from desquamation (Examine palms and soles carefully) and there is no purulent discharge from the nose or the ear.

2. Order fumigation. (Investigate for library and school books.)

3. Reinspect fumigation.

4. Issue school certificates as follows:

To patient if a school child;

To teachers and pupils who have had scarlet fever; otherwise wait five days.

### C. *Measles.*

1. Quarantine 5 days after appearance of rash if otherwise well. (Look for absence of catarrhal conditions.)
2. Instruct as to renovation.
3. Remove placard.
4. Issue school certificates as follows:  
    To patient if a school child;  
    To teachers and pupils who have had measles; otherwise wait fourteen days.

#### GENERAL INSTRUCTIONS FOR NURSES.

##### Sec. 56.

1. Never examine a patient except to terminate scarlet fever.
2. Never comment on treatment or condition of patient.
3. Never take cultures unless requested by family physician or Branch Office.
4. Make every effort possible to have all exposed to diphtheria promptly immunized.
5. If quarantine is violated or not satisfactory, report same to Branch Office and note same on history card 20 J.

#### NOTIFICATION AND REGISTRATION.

Sec. 57. The procedure for notification and registration has already been described (Secs. 38, 39). Every case reported is acknowledged by postal (Form 35 J).

Any departure from the general procedure will be taken up under the individual diseases.

## SANITARY SUPERVISION.

### INSPECTION OF CASES.

Sec. 58. Nurses make all visits to cases of contagious diseases except those for diagnosis and the first visit to cases of cerebro-spinal meningitis, and acute poliomyelitis; these visits are made by the district diagnostician.

Upon arrival at the case the inspector or nurse fills out a history card (20 J), inspects arrangements for isolation, excludes susceptible children or teachers, gives verbal instructions and leaves a hanging card of general information about the disease. (Form 270, 271 or 272 L). This card, printed in four languages, particularly emphasizes the manner in which the disease is spread and the steps necessary for its efficient isolation.

### CLASSIFICATION OF CASES.

Sec. 59. Cases are visited sufficiently often to maintain proper quarantine, and are classified, according to the ability of the family to appreciate and maintain satisfactory isolation, into:—

A., *Supervision Cases*, which require visits every day or every few days, and,

B., *Observation Cases*, which require only occasional visits.

The occupation of other members of the family is investigated with reference to the character of their work. The dangers of spreading disease may be greatly increased because of the nature of the work done in the home, or because of the character of the employment of members of the family outside the home. Members of the family are forbidden to

continue such home occupations as tailoring, dress making, feathermaking, etc., or to engage in any way in the handling of foodstuffs.

### PLACARDING.

Sec. 60. Cases of Diphtheria, Scarlet Fever and Measles occurring in tenement houses, furnished rooms and boarding houses, and two-family houses with common entrance, are placarded (Diphtheria, Form 47 J; Scarlet Fever, Form 44 J; or Measles, Form 120 J). Private houses and two-family houses with separate entrances are not placarded. The placard in tenement houses is placed on the door of entrance from the public hall; in furnished room houses, boarding houses, etc., on the door of the sick-room, and in the two-family houses with common entrance, upon the door leading from the common hall to the infected apartment.

On Sundays and Holidays, all new cases of diphtheria and scarlet fever are placarded by district nurses.

### QUARANTINE.

Sec. 61. The rules of quarantine are discussed under the individual diseases. Violations of these rules will lead to forcible removal.

A placard of instructions (Form 282 L) is issued for hotels and boarding and lodging houses.

### CHARITABLE ASSISTANCE AND EDUCATION OF PUBLIC.

Sec. 62. Charitable assistance or hospital care is provided, so far as is possible, for all cases wishing or requiring such assistance or care.

The general public is educated as to the nature of the infectious diseases, the precautions to be taken against their spread, the advisability of institution and sanatorium treatment, etc.

The Bureau issues a small booklet of information for physicians, giving the procedure in infectious diseases, with a list of supply stations (Form 206 L), and a circular of information for school children regarding infectious diseases (Form 216 L).

### ENFORCED REMOVAL TO HOSPITAL.

Sec. 63. Should a case of infectious disease be found in a home in the rear of, or communicating with a store, the family is given the choice of closing the store, or of permitting the removal of the case to the hospital.

When violations of quarantine are observed by an inspector or nurse, the Branch Office notifies the Borough Office of this violation by telephone, confirming the same by written report. The case is then visited by a patrolman of the Health Squad, who warns the family that if proper quarantine is not maintained, the patient will be removed. The Branch Office telephones this information to the attending physician and solicits his aid in maintaining isolation. The case is made a Supervision Case and upon report of a second violation, removal is recommended. A special report (Form 17 J) stating the character of the violation is submitted to the Physician-in-charge, who forwards it through the Borough Office to the Chief of Division. When approved by the latter, the Borough Chief is authorized to remove the case. He notifies a stable of the Department of Health, and an



ambulance is sent for the patient. When necessary the ambulance surgeon is aided by a policeman.

All removal cases are visited by a district diagnostician who confirms diagnosis before sending patient to hospital and leaves a removal card (Form 10 J) for the ambulance surgeon, at the patient's home.

### TERMINATION OF CASES.

Sec. 64. Cases are terminated by recovery, death, removal to hospital, or change of diagnosis (on receipt of written statement from the physician that original diagnosis was in error). Inspection is made to order fumigation, to give instructions as to removal; to issue school permits and to remove placards.

### DEATHS FROM INFECTIOUS DISEASES.

Sec. 65. All deaths from infectious diseases, including typhoid fever, tuberculosis, whooping cough, etc. are reported by death certificates submitted to the Bureau of Records of the Department of Health. Undertakers must also certify (Form 41 J) that all precautions have been taken.

#### *A.—Procedure in Bureau of Records.*

If death certificate is received during office hours of the Department, it should be at once referred to the Bureau of Infectious Diseases for comparison with records, and "O. K." and signature by the officer in charge of the Borough Office of that Bureau. The burial permit will then be issued.

If certificate is received before or after Departmental office hours, it is forwarded to the Bureau of Infectious Diseases, the morning of the next working



day. In cases of diphtheria (croup), scarlet fever, measles, cerebro-spinal meningitis and acute poliomyelitis, the medical clerk should ascertain from undertaker if case was reported to Department of Health during life. (In case of diphtheria, scarlet fever, and measles, placards should have been posted.) (a) Where case has been previously reported, and where the Department of Health will be open the following day, the burial permit should be issued, and death certificate sent to Bureau of Infectious Diseases as early as possible the following morning for "O. K." and return. If the next day is a Sunday or holiday, the telephone operator should be requested to assign the case in the morning to the proper district diagnostician, certificate being sent to the Bureau of Infectious Diseases for "O. K." on the following working day. Note: The clerk-in-charge of the Borough Office of the Bureau of Infectious Diseases inquires at the local office of the Bureau of Records each morning at 9:00 A. M. for such certificates.) (b) Where case has probably not been reported during life, a Sanitary Policeman should be immediately sent to placard premises (the Bureau of Infectious Diseases will supply the Bureau of Records with the necessary placards). Then proceed as in (a).

*B.—Procedure in Bureau of Infectious Diseases:*

Burial certificates must receive immediate attention and be returned to the Bureau of Records as soon as possible.

(a) *Deaths in cases previously reported during life:*—All deaths reported on any morning by death certificate are to be promptly assigned to the proper Branch Office for investigation by a district nurse.

All deaths reported after 9:00 A. M., and before 4:00 P. M. should be at once assigned to Branch Office for immediate investigation by nurse or district diagnostician, if the former is not obtainable. Deaths reported after 4:00 P. M., where following day is working day need not be assigned until the next morning. When the next day is a Sunday or holiday cases should be assigned immediately.

(b) *Deaths in cases not previously reported during life:*—These cases call for immediate investigation.

C.—*Duties of Investigator:*—The nurse or district diagnostician of the Bureau of Infectious Disease visits the premises where the death has occurred, and makes sure that in cases of diphtheria (croup), scarlet fever, measles, cerebro-spinal meningitis, and acute poliomyelitis, the following regulations of the Department are complied with:—

(a) That the remains are in a casket, and the casket closed and sealed with the official seal of the Department of Health. (Form 13 I.H.)

(b) That funeral is private, and takes place within 24 hours.

(c) That premises are placarded.

(d) That in cases of diphtheria, other children have been immunized or offered immunization.

(e) That susceptible school children and teachers are excluded from school.

(f) Inquiry as to occurrence of secondary cases made. A history card must be made out for each case not previously reported during life. The date of death, date of burial, and name of the undertaker are noted thereon. Prompt fumigation of infected room

is ordered and a report is made in writing, stating how long patient has been ill and under the care of an attending physician.

*D.—Regulations Regarding Bodies Removed From City:*

In deaths from infectious diseases where remains are to be shipped outside of New York City by rail or boat, a representative of the Bureau of Infectious Diseases must (a) determine who may accompany the body to the place of interment or cremation, and (b) make sure that the body is properly prepared and placed in a metal-lined, hermetically sealed casket as required by the Federal and State regulations.

**"NOT FOUND CASES."**

Sec. 66. When a case cannot be found at the address given, and the attending physician cannot be communicated with by telephone, a patrolman of the Health Squad is sent to the physician's office to obtain the corrected address.

**EXCLUSION FROM SCHOOL.**

Sec. 67. Other children or teachers in the family who have not had the disease are excluded from school, and if they remain on the premises until termination of the case, cannot return to school until the expiration of the incubation period of the disease. A printed list showing all the new cases of contagious diseases for that date is sent daily to all public and parochial schools. If any member of the family attends a city college, or public, private or parochial school, an official exclusion postal card (14 J) must be filled out and mailed to the school.

## PERMITS TO RETURN TO SCHOOL.

Sec. 68. Are issued to teachers or children on receipt of evidence (Form 7 J) of previous attack of the disease providing quarantine is satisfactory, or the address has been changed. Also to susceptible children who have resided at a new address for the period of incubation of the disease in question.

## SMALLPOX, CHOLERA, PLAGUE, YELLOW FEVER AND TYPHUS FEVER.

Sec. 69. The Department of Health immediately assumes full charge in all cases of the above diseases the Chief Diagnostician being responsible for their proper investigation and care.

A popular leaflet (Form 170 L) advising vaccination against smallpox is issued.

## MANAGEMENT OF SMALLPOX BY THE DEPARTMENT OF HEALTH.

Sec. 70. Upon receipt by Borough Office of notification of a case of smallpox, from a physician or other reliable source, the case is at once assigned to the proper District Diagnostician. The Chief Diagnostician is notified by telephone. The telephone operator also (a) requests the police precinct of the district to send a patrolman to meet the diagnostician; (b) upon corroboration of the diagnosis by the Chief Diagnostician, notifies the ambulance station to send an ambulance for removal of the patient; (c) sends a disinfecter to disinfect the premises, and (d) notifies the offices of the Commissioner of Health, the Sanitary Superintendent, the Health Officer of the Port of New York, and the Director, Chief of Division of Con-

rious Diseases, and Borough Chief of the Bureau of Infectious Diseases, of the existence of the case.

## DUTIES OF DIAGNOSTICIANS:

### CASES OF SMALLPOX.

Sec. 71. The diagnostician must give such assignments precedence, and visit them as speedily as possible. Should the case prove to be smallpox, and removal has not been ordered, he must at once request the telephone operator to send policeman and disinfecter, order removal and notify authorities as above stated. The diagnostician obtains a complete history (Form 109 J) for the three weeks previous to the first manifestation of the disease, carefully including a list of all places visited by the patient; inquires as to vaccination, obtains the addresses of all places visited by the patient since the onset, takes the names and addresses of any visitors present, and informs all persons in the building of the presence of the disease. If the patient is engaged in any occupation, his place of business is immediately visited by the diagnostician, who takes the names and addresses of all persons who have been associated with him, and informs them of the presence of smallpox.

Before leaving, the diagnostician visits all rooms of the house to ascertain if there be other cases on the premises, gives instructions for the removal of the patient, orders fumigation and removal of bedding, and leaves data for the ambulance surgeon and disinfecter. The police officer is usually left in charge of the case until the arrival of the ambulance. (All cases of smallpox are removed to the Reception Hospital of the Department of Health, regardless of the



stage of the disease. Bodies of those dead from small pox are removed to the Department Morgue.)

After removal of the patient from the premises the District Diagnostician requests headquarters to send a supply of vaccine by a sanitary patrolman. On the arrival of the same, he offers vaccination to all who have been exposed. The police officer accompanies him, and assists him whenever necessary. Occupants absent during the day are vaccinated at night. When vaccination is completed, the District Diagnostician forwards to the Borough Office a list of all those vaccinated. (Note: A copy of this list is sent to the Bureau of Child Hygiene for vaccination card record.) On his initial visit he excludes from school all children and teachers who have been exposed, notes the location of the schools attended and notifies the principals. At the end of three weeks, if no secondary cases have appeared, he issues certificates allowing children and teachers to return to school.

The District Diagnostician visits the premises daily for a period of three weeks to ascertain if there be any secondary cases. He keeps a record of these visits, giving date, number of people exposed and number vaccinated on a subsequent visit card. (Form 110 J.) Should any person or family move while the house is under surveillance, the new address is obtained and surveillance at the latter address continued for the regulation period. Should he find a secondary or suspected case, he immediately notifies the Department of Health by telephone. Should a case of smallpox appear in an institution where children are committed, the Department of Health establishes quarantine for

a period of twenty-one days after the removal of latest case.

The District Diagnostician forwards a detailed written report of each case, in addition to his daily summary. Daily progress reports are forwarded by the Borough Chief as long as vaccination is in progress.

### CHOLERA, PLAGUE, AND YELLOW FEVER.

Sec. 72. Upon report of any of the above diseases, every known precaution in diagnosis and quarantine is taken. •

### TYPHUS FEVER.

Sec. 73. All reported cases of typhus fever are immediately removed to the Reception Hospital of the Department of Health. Premises fumigated and bedding disinfected.

[NOTE.—Cases of modified typhus fever (Brill's Disease) are not removed to a hospital by the Department of Health. The Health Officer of the Port, however, treats these cases as true typhus fever and requests that the Department of Health of New York City follow up all passengers and take the precautions usual in this disease.]

### DIPHTHERIA.

#### GENERAL INFORMATION.

Sec. 74. Incubation period 1-5 days. Quarantine period 7 days.

If the diagnosis depends upon a culture alone, and the culture is negative, the case is not considered diphtheria; cases reported by postal card are considered as diphtheria, unless otherwise requested, even though cultures are negative.



A district nurse must see each case of diphtheria the day it is referred to her; upon her first visit, upon request of the attending physician she takes a culture from the patient's nose or throat, unless this has already been done by the district diagnostician. Trial cultures should be made from all members of the family by the private physician or district nurse, in order that carriers may be immunized against the disease.

If quarantine is observed or address changed, children and teachers who have been immunized and cultures from whose nose and throat are negative may return to school. If not immunized and no negative cultures have been obtained, even though the address be changed, school permits are not issued for seven days. If they remain at original address until case is terminated, school permits are not given until seven days after the latest case in the family has been terminated by the Department of Health. All these cases require a special school certificate (Form 7 J) which is issued by the Borough Chief, District Diagnostician, or Physician in charge.

School certificates (Form 7 J) are issued to recovered cases upon termination. Immunization of all other members of the family is recommended, and will be done by the District Diagnostician, all arrangements being previously made by the nurse.

## DIPHTHERIA ANTITOXIN.

Sec. 75. The administration of curative doses of antitoxin and the performance of intubation for laryngeal diphtheria, are done only in cases which are to be at once removed to a Department Hospital. Antitoxin can be obtained free by physicians at any of

the supply stations of the Department (see Directory), the physician certify that the patient is unable to pay for it. In Manhattan, antitoxin in syringe-containers is delivered by a motorcycle policeman to the patient's house on receipt of a telephone request at the Borough Office from the physician.

## DIPHTHERIA ANTITOXIN IN SYRINGE-CONTAINERS,—ALL-NIGHT STATIONS.

Sec. 76. Antitoxin in syringe-containers [Information card for physicians (Form 2 J)] can also be obtained at the following all-night drug stores:

### MANHATTAN.

TRAU—116th Street and 3rd Avenue.  
INTERNATIONAL DRUG Co.—1128 Third Avenue.  
GOLDLUST—1566 Third Avenue.  
WALKER—Broome and Ludlow Streets.

### BROOKLYN.

PFISTER & SITTERLEY—Fulton Street and Nostrand Avenue.  
REID—135 Sands Street.  
LAMB—84 Court Street.  
BOHLK—Gates Avenue and Broadway.  
WILSON & ISRAELSON—Graham Avenue and Boerum Street.

### RICHMOND.

LOCKWOOD & COLTON—Water Street, Stapleton.

## TERMINATION OF CASES OF DIPHTHERIA.

Sec. 77. No case is terminated until at least two successive cultures, preferably from both nose and

throat, taken not less than 24 hours apart, show an absence of diphtheria bacilli.

### DIPHTHERIA CARRIERS.

Sec. 78. Persons harboring diphtheria bacilli who show no evidence or give no history of clinical symptoms of diphtheria, are known as "carriers" and are isolated in the place where found until the virulence of the bacilli present is determined. Virulent cases are likewise terminated by two consecutive negative cultures from nose and throat, taken not less than 24 hours apart.

These cases are not removed to a Department hospital unless it is impossible to maintain quarantine where the case is located.

For regulations governing school exclusion and readmission, placarding, removal to hospital and fumigation see Secs. 53, 55, 60, 61, 64, 67, 68 and 96.

### SCARLET FEVER.

Sec. 79. Incubation period 2-5 days. Quarantine period 35 days providing desquamation is complete and discharges from nose and ears have ceased.

For regulations governing school exclusion and readmission, placarding, removal to hospital and fumigation see Secs. 53, 55, 60, 61, 64, 67, 68, 96.

### MEASLES.

Sec. 80. Incubation period 12-14 days. Quarantine period five days after appearance of eruption if no catarrhal discharges are present, cough has stopped

nd patient is otherwise well. On August 15th, 1913, the quarantine period for measles was reduced to five days after the appearance of the eruption. That this procedure was justified is evidenced by the fact that there has been no increase in the occurrence of secondary cases.

For regulations governing school exclusions and re-admission, placarding, removal to hospital and fumigation see Secs. 53, 55, 60, 61, 64, 67, 68, 96.

### SOCIAL SERVICE AMONG HOSPITAL CON- VALESCENTS.

Sec. 81. All cases of scarlet fever, diphtheria and measles discharged from the hospitals of the Department of Health are revisited by the district nurse of the Bureau of Infectious Diseases, to determine the condition of the patient after being discharged (as to infectivity, etc.), and the home conditions of the family. Advice is given as to the care of the convalescent patient, and, if necessary, the family is referred to the proper charitable organization for financial aid and other assistance. At least one additional visit is made after the expiration of the incubation period of the disease in question, to ascertain if any secondary cases have developed.

The names and addresses of all such cases are telephoned daily to the office of the Chief of the Division of Contagious Diseases and entered on special cards (Form 251 L) and forwarded through the Borough Office to the proper Branch Office.

The card is assigned to the district nurse in the usual way. When returned, after the first visit, it is

filed in the "tickler" file for revisit at the expiration of incubation period. Cards are then returned to the Office of the Division of Contagious Diseases for tabulation and thence to the Borough Office for final filing in the envelope of the case. The weekly report of the Branch Office states the number of convalescents under observation, of revisits to same, and of secondary cases found.

The nurse reports on the card as to:—

- (a) the general physical condition of patient.
- (b) the existence of desquamation or discharge from the nose or ears, of ulcers or sores, and the condition of the throat.
- (c) the home conditions of the family, and whether patient is obtaining proper food and care. If not, reference to a charitable organization is recommended.

At the second visit the nurse inquires as to the occurrence of any secondary cases of the disease in question.

## CEREBRO-SPINAL MENINGITIS.

Sec. 82. Incubation period one to five days. Quarantine period two weeks from onset.

Upon receipt at the Borough Office of notification of a case of Cerebro-Spinal Meningitis, the name and address of the patient and the source of the report are immediately telephoned to the Research Laboratory. The case is then assigned through the Branch Office to a District Diagnostician, who visits it forthwith. He obtains a history (Form 61 L) with

special reference to source of infection, and gives directions as to isolation, school exclusion, fumigation, etc., as already described (See Secs. 52, 54, 55, 61, 67, 68). Upon termination of the case the history is promptly referred for tabulation to the Office of the Division of Typhoid Fever.

In all dead cases careful inquiry should be made to ascertain whether the disease was of the true epidemic type. If of the tuberculous type or secondary to other disease, the District Diagnostician makes a report to that effect.

Lumbar puncture for diagnosis, and injection of anti-meningococcus serum will be performed upon request by a physician from the Bureau of Laboratories.

A circular of information (Form 196 L) is issued.

### ACUTE POLIOMYELITIS.

Sec. 83. Incubation period two to five days. Quarantine period six weeks from onset.

Upon receipt at the Borough Office of notification of a case of Acute Poliomyelitis, it is at once assigned through the Branch Office to a District Diagnostician, who visits the attending physician as well as the home of the patient, and obtains a complete history of the case. (Form 58 L). He gives instructions as to isolation, school exclusion, fumigation, etc. (See Secs. 52, 54, 55, 61, 67, 68.) Each case is reinspected at the end of three months from date of onset, and again at the end of six months, to obtain data as to final disability produced.

Circulars of information for the public (Form 125 L) and for physicians (Form 137 L) are issued.



## MINOR CONTAGIOUS DISEASES.

### GENERAL PROCEDURE.

#### GERMAN MEASLES, MUMPS, CHICKENPOX AND WHOOPING COUGH.

Sec. 84. Upon receipt of report of any of the above diseases a card of instructions printed in four languages is mailed to the address of patient, giving instructions as to the precautions to be observed, and duration of quarantine. This card is presented at the school upon termination of illness. In private schools children may be readmitted on certificate of private physician. Children who have had the disease in question may continue at school; others should be excluded for the period of incubation. No placarding, fumigation of premises or disinfection of bedding is done.

#### GERMAN MEASLES.

Sec. 85. Incubation period two weeks. Quarantine period one week. Instruction card (Form 24, 49, 50 or 51 J). Cases of German measles often simulate scarlet fever. In doubtful cases physicians are encouraged to avail themselves of the services of the Diagnosticians of the Department of Health.

#### MUMPS.

Sec. 86. Incubation period three weeks. Quarantine period, until swelling has subsided. Instruction card (Form 13, 52, 53 or 54 J).

#### CHICKENPOX.

Sec. 87. Incubation period two weeks. Quarantine period until all scabs have disappeared. Instruction



ard (Form 64, 65, 66 or 68 J). In all cases of hickenpox in adults, the diagnosis must be confirmed by a Diagnostician of the Department of Health.

### WHOOPIING COUGH, INCUBATION AND QUARANTINE.

Sec. 88. Incubation period two weeks. Quarantine period until the whoop has disappeared. Instruction card (Form 48, 55, 60 or 61 J).

### WHOOPIING COUGH, MANAGEMENT.

Sec. 89. Every case of whooping cough living in a tenement house is visited by a district nurse. Should the family include an infant or very young child who has not as yet acquired the disease, she leaves a Circular of Information Regarding Whooping Cough (Form 278 L), advises the parents of its danger and of the precaution that must be observed. She keeps the case under close observation. If these precautions are not or cannot be observed and home conditions are very bad, she may recommend the removal of the child to hospital by force if necessary. But as a rule hospitalization is not desired except (a) as an extreme sanitary precaution; (b) for research purposes.

In some cases it may be necessary for the nurse to inform all other families in the house of the existence of whooping cough on the premises.. Early cases of whooping cough not under medical care are removed to hospital if necessary. Those living in the vicinity of whooping cough clinics are urged to attend such clinics.

General dispensaries are allowed to conduct whooping cough clinics if they comply with the regulations of the Department (Form 273 L).

## OTHER INFECTIOUS DISEASES.

### TETANUS, ANTHRAX, GLANDERS, LEPROSY AND TRICHINOSIS.

Sec. 90. All reported cases of the above diseases in human beings are immediately investigated by the Chief Diagnostician.

Injection of tetanus antitoxin is performed upon request. (Note: During the period immediately preceding and following the Fourth of July, district diagnosticians carry a supply of antitoxin to meet emergency cases.)

### MALARIAL FEVER, ERYSIPELAS AND PNEUMONIA.

Sec. 91. Notification. While the above are reportable diseases, the patients are at present not visited by a diagnostician or nurse, the report postal (Form 5 J) being simply acknowledged (Form 129 L), and filed for statistical reference, and tabulation. History blank have been prepared for pneumonia.

### DEATHS FROM MALARIA.

Sec. 92. All deaths reported as due to malaria are investigated by an inspector, who visits the attending physician, to inquire if case was not really one of typhoid fever, if blood tests were made, etc., and reports on a special card (Form 175 L).

### ERYSIPELAS.

Sec. 93. Upon request, arrangement for the removal to Bellevue Hospital of cases of erysipelas will be made.

## DISINFECTION.

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Sec. 94. Premises which have been occupied by persons suffering from infectious diseases are fumigated with formaldehyde or renovations ordered (See Section 52). Bedding is removed for steam sterilization in certain cases (see Sec. 96).

### REQUEST FOR DISINFECTION.

Sec. 95. Fumigation is ordered by the district nurses or diagnosticians on cards (Form 232 L for tuberculosis, Form 94 J for contagious diseases). These cards, after entry of facts in the fumigation journal (Form 1 LL) at Branch Office, are forwarded to the Borough Office where cases are assigned to disinfectors.

### DISEASES IN WHICH DISINFECTION IS PERFORMED.

Sec. 96. Fumigation is ordered in cases of smallpox and scarlet fever upon termination, and in other infectious diseases where the case is fatal, or patient removed to a hospital during the height of the disease.

In diphtheria and measles when patient recovers, the sick room is thoroughly cleaned and aired. The bedwork and floors of the room are scrubbed with solution of one pound of washing soda to three gallons of hot water. Recommendation is made that nightgowns, sheets, etc., be first soaked in carbolic solution and then boiled in soapsuds for one half hour. Destruction of books and toys used by patient is recommended.

In cases of smallpox, scarlet, typhus, cholera, plague and yellow fever, bedding is removed for steam disinfection. Otherwise there is no removal of bedding except upon request of the attending physician.

In poliomyelitis and cerebro-spinal meningitis there is no fumigation or removal of goods, but renovation may be required. In fatal cases, or removal cases fumigation is ordered.

In mumps, German measles, whooping cough and chicken pox neither fumigation nor removal of goods is performed.

In tuberculosis, fumigation or renovation of the premises is done, following death or removal to other address. There is no removal of bedding except upon special request, or where unusual circumstances connected with the case require that such action be taken.

In typhoid fever disinfection and fumigation are not ordered except upon special request, unless the circumstances of the case demand it.

In private houses and hotels, fumigation may be done under supervision of the family physician, who is then required to furnish a certificate to that effect (Form 117 J).

## DISINFECTION OF BOOKS.

Sec. 97. Books belonging to the New York Public Library that have been loaned to families in which cases of diphtheria and scarlet-fever occur, are removed by a wagon of the Department of Health on receipt of a return postal from the Library requesting such removal, the Library being notified on the return handling of the postal that the books have been removed.

These books are given to the Department of Health.

the Library for use in the respective diphtheria scarlet fever wards of the Department Hospitals.

Books from families in which cases of measles occur, are returned to the Library by the family and removed thence by the Department of Health at regular intervals, disinfected with formaldehyde, and returned to the Library.

Books loaned to families in which a case of smallpox has occurred, are immediately removed and destroyed.

## METHODS OF DISINFECTION.

Sec. 98. In making use of the various methods of disinfection, the availability of each, and its inherent limitations should be kept constantly in view, as for example, the fact that liquid disinfectants are only effective where the circumstances permit of their systematic application to all the surfaces to be treated, and that gaseous disinfectants are only of use for surface disinfection.

The fact is strongly insisted upon that for floors, woodwork and similar surfaces, soap, hot water and scrubbing brush, thoroughly used, are of greater efficiency than either liquid or gaseous disinfectants, the latter are usually employed; that boiling is the best method for treating all fabrics or articles not injured by such treatment, and that full aeration and exposure to sunlight must be regarded as of primary importance in all cases.

Inspectors and nurses constantly repeat the injunction that all articles used about the patient should be boiled or otherwise disinfected as often as used;

that all discharges from the nose, mouth, bladder and bowels must be immediately disinfected or destroyed; and that these things, assisted by scrubbing, sunning and airing of the sick room, and by personal cleanliness and frequent hand-washing by the attendants greatly lessen the danger of the disease being communicated to others.

*A.—Paraformaldehyde and Potassium Permanganate.*

This is the method usually employed by the Department in making terminal disinfection, or disinfection of school rooms. Formaldehyde disinfection is most efficient if the temperature is above 60° and the atmosphere not too dry. When the air of the room (as in many steam-heated buildings) is very dry the vent cocks of radiators may be opened for a few minutes to permit the escape of steam, or vessels containing steaming water may be placed in the room.

1. Ingredients for 1,000 cubic feet of air space

(a) Paraformaldehyde—30 grams ( $7\frac{1}{2}$  drams)

(b) Potassium permanganate—75 grams (19 drams).

(c) Water (hot if possible)—90 c.c. (3 ounces)

2. Procedure:

(a) The rooms to be disinfected are made approximately airtight by sealing with gummed paper or cotton, all doors, windows, chimney flues and other cracks and openings.

(b) All articles in the rooms are freely exposed. Bedding and clothing are placed across backs of chairs, or on clothes lines. Books are opened and placed on end; all drawers and closet doors are opened.



(c) Secure enough vessels or dishes (heavy paper or oil cloth will answer), one for every 1,000 cubic feet of air space to be disinfected, and place the mixing pans in them. In vacant flats such vessels can be obtained from a neighbor. Where none can be obtained, the bath tub, sink, etc., should be utilized for the purpose.

(d) In each mixing pan is placed the contents of one carton of potassium permanganate (75 grams).

(e) 90 c.c. of hot water (which may be obtained from neighbors in case flat is vacant) is measured in the aluminum cup which accompanies each outfit, and poured over permanganate crystals which are allowed to dissolve.

(f) When all the pans necessary for the space to be disinfected have been prepared, the contents of a carton of paraformaldehyde (30 grams) is poured into each. In doing this, care is taken to add the first charge of paraformaldehyde to the pan furthest from the exit of the room, and then in succession to the others in the order of distance from the exit. Before adding paraformaldehyde all surplus material and equipment are removed from the room, and the occupant of the apartment, if there be one, is warned to remove pet animals from the room.

3. The minimum length of time necessary for efficient disinfection is four hours.

4. A thorough scrubbing and ventilation of the flat after disinfection is always advised.

#### *B.—Liquid Disinfectants and Uses.*

1. For all body discharges: Freshly made chloride of lime, 5% carbolic acid solution, or 2% lysol solution.

2. For bed and personal linen: Immersion in boiling water for five minutes, or in 5% carbolic solution for one hour, the articles to be completely submerged.

3. For washing of floors, bedsteads and other surfaces: Soap and hot water applied with scrubbing brush, or when fouling by sputum or other discharge has occurred, the saturation of deposited matter with carbolic solution (5%) or lysol solution (2%) and after thirty minutes wiping up with rags or other articles that can be boiled or burned.

### DISINFECTION TESTS.

Sec. 99. When disinfection is performed and goods are to be removed the following day, a test envelope (Form 78 J) is placed in the room to be fumigated at least six feet from the pan containing the disinfecting mixture; on it is noted the family name, address, disease, date and name of disinfectors. The person in charge is notified that this test will be collected by the driver of the goods wagon and must not be destroyed or thrown away.

### DUTIES OF DISINFECTORS.

Sec. 100. Disinfectors wear, while on duty, the official uniform, which must be kept neat and clean. They must carry out the orders of the district diagnosticians and nurses for the fumigation of infected rooms with contents, and tie up in proper bundles all goods ordered removed for sterilization to a Department plant. If, for any reason, a disinfector can not fumigate a room or apartment as ordered, he immediately obtains instructions by telephone from the Borough Office.

After properly sealing the outer door, the official paster (115 J) is placed upon it, showing the time fumigation began, and the time (not less than four hours later) when room can be opened and aired. The person in charge must, without fail, be notified by the disinfectors that if the rooms are opened before the time noted on the paster the Department will refund the rate.

Disinfectors report at the Borough Office each morning (Sundays and holidays excepted), obtain the list of cases for the day, make out and leave their daily report cards (Form 169 J) for the coming day's work and sign the cards for the day before; also enter hour of arrival at each address, obtain a proper supply of paraformaldehyde, potash, gummed paper, tests, pasters, etc., and leave the Borough Office *not later than* 8.30 A. M. (Time of arrival and departure are stamped on time clock card.)

In the Borough of Queens, the cases for fumigation are telephoned to the disinfectors, full data being given, and the disinfectors mail their daily report cards to the Borough Office.

If it is impossible, for any reason, to perform a fumigation that has been ordered, the facts are noted on the daily report card and a special report card (Form 180 J). Each disinfectors ascertains from a posted list in the Borough Office when he is assigned for night, Sunday or holiday duty, and is ready, when these special details, at all times, to receive notice for special fumigations. Each morning the Disinfectors-in-charge at each Borough Office arranges by districts the "fumigation cards" (Forms 232 L, 94 ) received from district diagnosticians, nurses and

veterinarians, checks up all cases, and makes out list for each disinfector.

### DUTIES OF DISINFECTOR-IN-CHARGE.

Sec. 101. Each morning the Disinfector-in-charge at headquarters makes out a list (Form 9 J) of every case referred that morning to the disinfectors for fumigation, showing the address of each case, and the disinfector to whom each case was referred, and a list (Form 31 J) of goods to be removed from each address for sterilization or destruction, including cases where fumigation has not been performed. A copy of this list is sent by messenger, during the day to the Disinfector-in-charge of the Disinfecting Plant and from it he makes up lists for the goods wagon drivers the following morning.

A list is also sent to the Research Laboratory, by messenger, showing the addresses from which tests are to be returned, and the names of disinfectors directed to fumigate the premises and leave the tests.

A list showing the addresses from which goods are to be removed, north of 125th Street, Manhattan, is also sent to the Disinfecting Plant, foot of East 132nd Street, Borough of the Bronx, and from this, lists for the goods wagon drivers of that Borough are made up the following morning.

The following morning at 8.30 A. M. the Disinfector-in-charge at the Borough Office cuts from the list of the previous morning, each address where fumigation was not performed, and telephones these changes to the Disinfecting Plant and to the Research Laboratory.

## DUTIES OF GOODS-WAGON DRIVERS.

Sec. 102. Each day, goods-wagon drivers fill out in duplicate, lists (Form 26 N) showing addresses from which goods have been removed after disinfection and fumigation, and whether or not a test was brought to the Disinfecting Plant from each address. One copy of these lists is kept in the Disinfecting Plant and one copy is delivered to the Research Laboratory with the tests that have been collected.

## AMBULANCE AND WAGON SERVICE; STABLES; DISINFECTING PLANTS.

Sec. 103. Ambulance and wagon service, stables and disinfecting plants are under the direction of a Physician-in-charge, who reports to the Chief of the Division of Contagious Diseases. He submits a weekly report of the work performed (Form — J); keeps a diary of current events, etc.

## AMBULANCE SERVICE.

Sec. 104. There is maintained in each Borough an ambulance service for removal to the hospital of patients suffering from infectious disease.

Manhattan: Two motor and three horse-drawn ambulances, and one coupé.

Brooklyn: Two motor and three horse-drawn ambulances, and one coupé. (Patients in Borough of Queens are also removed by these motor ambulances.)

Bronx: One motor and two horse-drawn ambulances, and one coupé.

Richmond: One horse-drawn ambulance and one coupé.

Queens: One horse-drawn ambulance.

These vehicles are kept at the Department's stable in the respective Boroughs.

The motor ambulance service is superintended by a Supervising Automobile Engineman, who reports to the Physician-in-charge of the service. Requisition for repairs and supplies for motor vehicles are made by him to the Physician-in-charge of the service.

Horse-drawn ambulances and coupés are under the charge of the stable foreman, who reports to the Physician-in-charge, and who, as regards motor vehicles is subject to the orders of the Supervising Automobile Engineman.

## REMOVAL OF PATIENTS.

Sec. 105. Requisitions for removal are made direct by the Borough Office to the Borough Stable. (Removals from institutions on islands are made by the Department's boat service, request being submitted to the Superintendent of Hospitals.)

In emergency cases when all the ambulances of one stable are out, requests may be made to the stable of another Borough to send motor vehicle.

Every request for removal is entered in a Borough Stable Journal (Form — LL), giving date, name, address, disease and other necessary data.

A Service Journal (Form — LL) is also kept for each ambulance or other vehicle, in which is recorded all work done. This book is kept by the driver or engineman of the vehicle.



## VEHICLE SIGN.

Sec. 106. The following sign is carried on the dashboard of every vehicle:

### SAFETY FIRST.

1. In case of doubt—stop.
2. Pedestrians have the right of way.
3. Do not stop your vehicles on cross-walks.
4. Observe carefully the rules of the road.
5. Never leave your horse untied or unguarded.
6. Give courteous and direct answers to all.
7. Do not injure anyone.
8. Be careful of all Department property entrusted to your care.
9. In case of accident, report same promptly, with names of witnesses.
10. Be alert, careful; always ready, efficient.

BY ORDER OF THE DEPARTMENT OF HEALTH.

### DUTIES OF AMBULANCE DRIVERS.

Sec. 107. Two ambulance drivers are on duty each alternate twenty-four hours, and a fifth driver is on duty daily from 10 A. M. to 6 P. M. Each driver wears an official uniform when on duty and stamps on his time-clock card the hour of reporting for duty, and hour when tour of duty is ended. Each driver notes in his Service Journal all the information required, concerning each ambulance call made by him. He fills out and signs an official slip (Form 10 J) which accompanies each patient to the hospital. A special slip (Form 37 J) is forwarded to the Borough Office and filed in case envelope. A special written re-

port is forwarded by a driver if any accident occurs while on an ambulance call. While out on call, the ambulance driver is under the direct orders of the accompanying hospital surgeon.

## STABLES.

### DUTIES OF FOREMAN IN CHARGE OF STABLE.

Sec. 108. The Department's stables in each Borough are in charge of a foreman, who submits a weekly report (Form — J) of the work performed, compiled from the Stable Journal. He reports all absences, and returns to duty on the part of motormen, drivers, stablemen, etc., and makes requisitions for repairs and necessary material. He is responsible for the keeping of the Stable Journal and for the Service Journals for each vehicle. He maintains in each stable a bulletin board on which all orders are posted, the employees concerned signing the same. He supervises daily all clock cards of employees and certifies to correctness of same at end of month. He has supervision over, and is held responsible for the assignment of work to the various employees connected with the stable, and for the proper care and maintenance of live stock, vehicles, appliances and materials used in and about the stables for the proper carrying out of the ambulance and goods wagon services. He orders through the Physician-in-charge all necessary supplies for horsedrawn vehicles, and sees that all parts of the stable, disinfecting chamber, and wagon shed are kept clean and in first-class order. He sees that all records are properly kept and that each ambulance driver and stableman performs his duty in a satisfactory manner.

## DUTIES OF STABLEMEN.

Sec. 109. Each stableman must perform faithfully the duties to which he is assigned by the stable foreman, clean and care for the horses, clean the vehicles and the stables, and perform such duties as may be assigned to him. He must stamp on a time-clock card the hour he reports for duty and when his tour of duty is ended.

## WAGON SERVICE.

Sec. 110. There are maintained in each Borough, motor and horse-drawn trucks for the removal of infected articles for sterilization, and for the express service of the Department of Health. These are under the direction of the foreman, as in the case of ambulances.

The Supervising Automobile Engineman is responsible for the proper running of the trucks, and for requisitions for motor supplies.

A Service Journal is kept for every wagon and truck, the driver of same being responsible therefor.

These motor-trucks, goods-wagons and express wagons are assigned to the clerk in charge of the Express Service. (See Sec. 114.)

## DISINFECTION PLANTS.

Sec. 111. Disinfection Plants are maintained in the Boroughs of Manhattan, Brooklyn and Richmond. Each plant is in charge of a Disinfecter, who supervises the sterilization of all goods, who reports directly to the Physician-in-charge of the service. He submits a weekly report (Form — J).

## DUTIES OF DISINFECTOR-IN-CHARGE.

Sec. 112. The Disinfector-in-charge at the plant receives each day from the Borough Office a complete list (Form 9 J) of all goods to be removed the following day; from this, a list (Form 29 J) is made out (according to districts) for each goods wagon driver who is to collect them. On each list is noted for each call the name, address, floor, disease, and list of all articles to be removed.

He enters in a book provided for the purpose (Form 18 JJ) a complete list of all goods collected each day by each goods-wagon driver, and also enters in another book (Form — J) a complete list of all goods delivered each day, by each goods wagon driver.

He sends to the Borough Office each day a copy (Form 28 J) of the list (Form 9 J) received the previous day, on which is noted for each lot of goods to be collected, "collected as per list," "family out," "goods refused," etc. He also sends to the Borough Office each day, for filing in case envelope, all receipts for goods collected, sterilized and returned, and for goods destroyed. He sends each day to the laboratory all tests collected by the drivers. He sends to the Borough Office a daily report (Form — J) (on a blank provided for the same) of the work performed at the station. He supervises the proper fumigation and sterilization of all goods and books brought to the station, the destruction of goods in the furnace, when so ordered, and the return of goods after sterilization. He is responsible for the work of the goods wagon drivers and the helpers at the station. He makes requisitions for necessary supplies through the Physician-in-charge.

The Disinfector-in-charge at the Borough Office keeps a record of the work performed weekly by each disinfector (Form 170 J).

## RULES FOR DRIVERS OF GOODS-WAGONS.

Sec. 113. Drivers must wear, while on duty, the official uniform, which must be kept neat and clean.

Every morning the Disinfector-in-charge at the Borough plant furnishes each driver who collects goods, with a list (Form 30 J) on which is noted for each place at which he is to call, the name, address, floor, disease, and list of articles to be removed. The driver makes sure fumigation has been performed before removing goods. The driver removes *only goods called for on his list*. He also collects and places in an envelope provided for the purpose (Form 149 J) all tests left in the rooms fumigated by the disinfectors. Each driver leaves with the family an official receipt (Form JJ) properly dated, filled out and signed, for all articles that are to be sterilized and returned. For all articles that are destroyed, he has a member of the family sign a special official order (Form 4 JJ). Should the family request the destruction of goods not on his list, the driver may comply, but obtains a properly signed order and reports the facts to the Disinfector-in-charge. Should the family request the removal, for sterilization, of goods not on the list, the driver obtains permission by telephone from the Borough Office before complying.

Drivers who deliver the goods that have been sterilized obtain the receipts left the day previous, making sure they are properly dated and signed. *Goods are not delivered unless a proper receipt is obtained.*

Drivers call at the branch libraries in their districts several times each week, and collect all books returned from families where measles has occurred. These are returned the following day, after having been fumigated or sterilized.

They also call at houses to collect library books from families where scarlet fever or diphtheria has occurred. They are delivered to the Department Hospitals.

All receipts for goods sterilized and for goods destroyed are given to the Disinfecter-in-charge of disinfection plant, and the carbon copies kept in the drivers' receipt books (Form 13 EE) as vouchers.

All drivers will be held responsible for goods while in their care. Each driver enters his day's work in the Service Journal of his wagon or truck and stamps the time of arrival and departure from the plant, on his time-clock card.

## EXPRESS SERVICE OF THE DEPARTMENT OF HEALTH.

Sec. 114. The Express Service of the Department of Health delivers supplies to milk stations, clinics, camps, culture stations, hospitals and laboratories; delivers mail at Headquarters; collects water samples; infected books from libraries for sterilization, and infected bedding and clothing from cases of infectious diseases requiring such removal. Rabid dogs are removed by this service.

Motor trucks, goods-wagons and express wagon service are assigned to the Clerk-in-charge of supplies.



The City is divided into eleven territories, and these are subdivided into districts. A wagon is assigned to each territory, and is required to cover one district of a territory daily.

All applications for service are made on request cards (Form — L) and forwarded the day before the service is required to the Clerk-in-charge of supplies in the Executive Office, Bureau of Infectious Diseases. The Clerk-in-charge of supplies maintains a book in which are entered all requests for service, the boundaries of territories and districts, and the wagons there assigned.

Each driver is required to forward to the Executive Office a written daily report of the work performed. Drivers are furnished with receipt books (Form 13 EE) and will secure signatures for all deliveries.

All requests for the collection of infected goods must be telephoned by the Borough Office to the Clerk-in-charge of supplies in the Executive Office, before 4 P. M. of the day preceding the desired service. In emergency cases as in small-pox, cholera, etc., the order for collection is sent direct to the foreman of the stable by the Borough Office.

Automobile trucks are used to cover outlying Boroughs.

Motorcycles are used for the daily delivery of Pasteur treatments.

Wagons of this service are used in the various Boroughs for the collection of rabid dogs and for the disinfection of stables following the appearance of glanders.

## DIVISION OF INSTITUTION INSPECTION. FUNCTIONS.

Sec. 115. 1. Enforcement of regulations of the Department of Health regarding infectious diseases in hospitals, dispensaries, day nurseries, camps, homes for the aged and crippled, homes for working girls and children's institutions and asylums.

2. The periodical reinspection of these institutions.

3. Diagnosis and removal (if necessary) of cases of infectious diseases in institutions.

4. Supervision and termination of quarantine in institutions.

5. Obtaining the reports of cases of venereal diseases in institutions.

6. Examination for infectious diseases of prisoners in City prisons.

7. Supervision of whooping cough clinics (see Sec. 89).

## REGULATIONS FOR THE MANAGEMENT OF CASES OF INFECTIOUS DISEASES IN INSTITUTIONS.

Sec. 116. Preliminary examination by a physician, if possible, of all new applicants—especially of children—for contagious diseases, is to be made on their entering the hospital or institution before allowing them to mingle with other patients in a common waiting room or elsewhere. The Department of Health urges that cultures be taken in every case in any way suggesting diphtheria and that anti-toxin be freely used without waiting for the result of the culture. The Department of Health will, on request, supply all institutions free of charge with diphtheria

and tetanus antitoxin, small-pox and typhoid vaccine, and outfits for forwarding specimens for examination to the Diagnosis and Serological Laboratories (culture tubes, sputum jars, typhoid blood and urine, malaria and Wassermann outfits).

## ISOLATION.

Sec. 117. Sanatorium, sanitarium, day nursery, convalescent home for children, reformatory, training school, boarding school, hospital, dispensary or institution for the care or treatment of persons must provide and maintain a suitable room or rooms for the temporary isolation of persons suffering from infectious diseases. Cases of small-pox or those suspected of having this disease, and chicken-pox in adults must be held in isolation until seen by an inspector of the Department of Health, and, if necessary, the assistance of the police will be obtained to enforce this detention.

Cases of diphtheria, scarlet fever and measles must remain in the isolation room until seen by an inspector of the Department of Health unless they reside so near the institution as to be able to return home without using public conveyances, and desire to do so. Such cases must have a private physician. Cases of minor contagious diseases, such as chicken-pox in children, mumps, whooping cough and German measles should not be admitted to the institution, but should be sent to their homes promptly.

## REMOVALS TO HOSPITALS.

Sec. 118. Every case of small-pox will be removed by a Department of Health ambulance. Cases of

diphtheria, scarlet fever and measles will be removed by the Department of Health whenever necessary, condition of patient warrants. The representative of the institution will caution patients ill of infectious diseases against the use of public conveyances and visiting places of public assembly.

### QUARANTINE.

Sec. 119. (a) Hospitals: Wards in which contagious diseases develop will be quarantined by the Department of Health as follows:

Diphtheria—Quarantine is not required if all patients present or admitted are immunized and cultures do not show diphtheria bacilli; otherwise five days.

Scarlet Fever—Five days (children's wards only except where several cases occur in an adult ward).

Measles—Fourteen days (children's wards only, except where several cases occur in an adult ward).

Small-pox—Twenty-one days, with the exception of those exposed to small-pox: adult patients in quarantine wards desiring to return to their homes may do so if their names and home addresses are forwarded to the Department of Health.

(b) Institutions: Dormitories or parts of buildings in which contagious diseases develop will be quarantined as follows:

Diphtheria—Five days (children's dormitory only except where several cases develop in an adult dormitory).

Scarlet Fever—Five days (children's dormitory only, except where several cases develop in an adult dormitory).

Measles—Fourteen days (children's dormitory only, except where several cases develop in an adult dormitory).

Small-pox—Twenty-one days.

Whenever contagious disease develops in more than one dormitory at the same time, the entire institution may be quarantined.

[Note.—No cases may be admitted to or discharged from quarantined dormitory, or entire institution if quarantined, until quarantine is terminated by the Department of Health. Children attending school will be excluded during the incubation period of the disease in question.]

(c) When nurseries and day camps are quarantined no new cases may be admitted until quarantine is terminated by the Department of Health.

## CHIEF OF DIVISION.

Sec. 120. The Chief of Division exercises general supervision over all matters pertaining to the work of his division throughout the city. (See Sec. 49.)

## OFFICE OF THE CHIEF OF DIVISION.

### SUPERVISION OF INSTITUTIONS.

Sec. 121. Every institution is supplied with a placard (hospitals Form 249 L, dispensaries Form 225 L), to be posted, giving regulations regarding management of infectious diseases. A history card (Form — L) is kept for each institution, giving full information, the name and address of the institution, character and capacity, names of officials and facilities for isolation. Every institution is revisited at

least once a year. A "subsequent visit" card file (Form — L) is kept, giving date of next visit by inspector and results of inspection. This card is forwarded to the inspector when visit is due and returned by him with proper entries after each visit. From time to time, surveys are made regarding particular subjects (isolation facilities, etc.); the location and character of institutions are indicated on large compo maps by vari-colored pins. Whenever an institution is quarantined because of infectious disease, notices are sent to the institution, to the State Board of Charities, to the Department of Education to the Society for the Prevention of Cruelty to Children and to the Borough Chief where the institution is located. A weekly report by Boroughs is submitted (Form 222 L), giving the number of infectious diseases pending in and removed from each institution, and the average daily time and number of visits of each inspector.

### NOTIFICATION.

Sec. 122. Every institution is supplied with an Infectious Disease Journal (Form 9 LL), into which is copied from a blank (Form 280 L) every case of infectious disease occurring in the institution. This journal is divided into three sections, for: (a) Contagious diseases; cases of contagious diseases are immediately reported to the Borough Office by telephone and also by postal. (b) Tuberculosis; the Department of Health obtains reports of cases of Tuberculosis by telephone at regular intervals. (c) Venereal diseases; the inspectors of the Division of Institution Inspection call regularly and copy off the reports of cases of Venereal Diseases.



## REGISTRATION.

Sec. 123. In the Borough Office an envelope (Form J) is made out for each institution case and filed in the current envelope case file. Cases are also reported by the Borough Office to the proper Branch Office on the daily report. At the Branch Office a skeleton history card is made out and filed in the active name file of the Branch Office. All such cases are included in the weekly report of the Branch Office, but are not visited. The Borough Office notifies the Branch Office of the discontinuance of the case and skeleton history card above referred to is destroyed.

A list of all cases of infectious diseases reported and forwarded by the Borough Office to the Division of Institution Inspection.

## OFFICE OF DIVISION OF INSTITUTION INSPECTION.

Sec. 124. A day book is kept of all cases of infectious diseases occurring in institutions, name of disease, date reported, disposition, and date of termination of each case, being recorded.

A house card (Form 95 L) is kept for each institution giving the above information concerning every case of infectious disease reported. On removal or termination of cases remaining in institutions the Inspector's history card (Form 20 J) is returned by him to the Office of the Division of Institution Inspection where facts are entered in the day book and on the institution house card; the history is then forwarded to the Borough Office to be placed in an envelope in the terminated case file.

## ASSIGNMENT OF CASES.

Sec. 125. [Note.—On account of the long distance involved in the Boroughs of Queens and Richmond, the district diagnosticians of those Boroughs respond to calls from institutions, making diagnoses and ordering removal of cases to the Health Department Hospitals. Cases of infectious diseases remaining in the institutions of the said Boroughs are visited and followed up in the usual way by institution inspectors.]

The City is divided into districts, to each of which is assigned an institution inspector. Every institution case reported to the Borough Office is at once assigned by telephone to the proper inspector, the details of the case, and later the inspector's report being entered on assignment slip (Form 125 J), which is forwarded to the Borough Office, thence to the Office of the Division of Institution Inspection and finally returned to the Borough Office to be filed in the envelope of the case. In addition to subsequent visit cards mentioned above, typhoid fever, epidemic cerebro-spinal meningitis and poliomyelitis histories, lists of pending cases of diphtheria, scarlet fever and measles due for inspection and discharge, and requests for special investigation (Form 178 J) are forwarded to inspectors from the Division Office.

## DUTIES OF INSTITUTION INSPECTORS.

Sec. 126. When a case is assigned to an inspector of the Division of Institution Inspection, he at once makes out a history (Form 20 J). He holds this history, entering the results of all subsequent visits on the reverse of the card. When case is terminated by recovery, death or removal, the card is forwarded to the Office of the Division of Institution Inspection.

and thence to the proper Borough Office where the history is filed in the envelope of the discontinued case file for the particular disease. In cases for removal, the inspector makes out a removal slip (Form O J). He informs the authorities of the institution of the destination of the case together with the address and telephone number of the hospital. After a case of infectious disease is removed from a hospital or institution the inspector for that institution is notified: he visits the institution at regular intervals and examines all persons exposed to the particular disease. If any new cases are found, he notifies the Borough Office by telephone, stating whether or not the case is to be removed to the hospital, the authorities reporting the case to the Department by postal card in the usual way. If a case remains at an institution, it is the duty of the inspector to see that proper isolation is provided and maintained. Frequent visits are made to examine all persons exposed and also to see that adequate quarantine facilities are provided. When the time prescribed by the Department of Health for the disease expires, the patient is inspected and officially discharged if free from contagion. After the discharge of the last case, the quarantine is ended at the termination of the incubation period of the disease in question, if no new cases have developed. The development of every new case requarantines the institution from the date of the last onset of the disease. Children attending public schools are excluded during the quarantine period. The inspectors are held responsible for the accuracies of their diagnoses and at any time when a Physician-in-charge of a Health Department Hospital questions or is dissatisfied with the diagnosis

of the case, they must, if requested, go to the Department Hospital and verify or change the original diagnosis. In all cases where the clinical symptoms are so exceptional that a positive diagnosis cannot be made, they are to see that the best possible arrangements are made for the isolation of such cases. They are to examine the case again on the following day, and then if they are not satisfied as to the diagnosis, the case may be referred to the Borough Diagnostician for his decision.

In making their diagnoses, institution inspectors must at all times respect the opinions of the visiting physicians in the various hospitals and institutions and work in harmony with them as far as possible. Inspectors should maintain the friendliest relations with the authorities of the various institutions and keep them informed as to the regulations of the Department of Health, and do all they can to assist in eliminating any contagious diseases that may occur. In every new case of scarlet fever, diphtheria or measles found in an institution, they must at once report to the Borough Office by telephone and later by postal card, the name, address, age of patient, and date of report of diagnosis. They must make out a history card (Form 20 J) for every case seen and note all subsequent visits with results on the reverse of the card. The inspectors will administer diphtheria antitoxin when requested by the authorities. In all cases of diphtheria, the immunization of persons exposed is done by the inspectors and final cultures are taken by them.

Inspectors are responsible for the notification and registration of Typhoid Fever, Cerebro-Spinal Men-

itis, Acute Poliomyelitis and Venereal Diseases in institutions. Whenever an inspector finds in any institution an unreported case of Typhoid Fever, Cerebro-Spinal Meningitis or Acute Poliomyelitis, he fills out a special report card (Form 18 J), giving name of institution and disease, name, age and home address of the patient. Inspectors visit institutions where records of cases of venereal disease are kept. From these records they fill out a card (Form 191 L) for each case, giving disease, name, age and home address of the patient. These last two cards (Forms 18 J and 191 L) are forwarded by inspectors to the office of the Division of Institution of Inspection. Inspectors make sure that the official placard of the Department of Health is posted in every Institution and that each one is supplied with and maintains an Infectious Disease Journal. They also make sure that special communications to institutions are posted.

## DIVISION OF TUBERCULOSIS.

Sec. 127. The Division of Tuberculosis is charged with the registration and sanitary supervision of all cases of pulmonary tuberculosis occurring in New York City.

### ORGANIZATION.

Sec. 128. (a) The Chief of Division exercises general supervision over all matters pertaining to the work of his Division throughout the city. He is assisted by a Supervisor of Clinics.

(b) *Borough Offices*.—(See Directory, Sec. 2, also Secs. 37 to 43.)

(c) *Branch Offices*.—(See Directory, Sec. 2, also Secs. 37 to 43.)

(d) *Clinics and Clinic Districts*.—Each Borough is divided into one or more tuberculosis clinic districts in each of which is a tuberculosis clinic, with its staff of physicians and nurses. For location, hours and boundaries of districts, see Directory and Maps, Sec 2. Each clinic cares for all patients from its own district. In Manhattan a number of other clinics are maintained by the large general hospitals, and do their own district visiting. All of the tuberculosis clinics are united into an Association of Tuberculosis Clinics. (See Sec. 237.)

(e) *Clinic Auxiliaries*.—Associations for rendering necessary charitable aid to patients of the Tuberculosis Clinics.

(f) *Local Clinic Relief Committees*.—Composed of the Physicians-in-charge, and representatives of the Auxiliaries and of the various charitable organizations.

(g) *Tuberculosis Hospital Admission Bureau*, 426 First Avenue, Manhattan.—For admission of all cases of pulmonary tuberculosis to hospitals, sanatoria, and preventoria for Children. Maintained jointly by the Department of Charities, the Department of Health, and Bellevue and Allied Hospitals.

(h) *Tuberculosis Day Camps*.—For care of suitable cases living at home. *Manhattan*, foot of East 91st Street. *Brooklyn*, foot of Fulton Street.

## NOTIFICATION AND REGISTRATION.

Sec. 129. These are described under Infectious Diseases. (Sec. 38.) Every case reported is acknowledged by card (Form 16 L).



## PROCEDURE AT BRANCH OFFICES.

Sec. 130. At each Branch Office are filed the envelopes and case records of all cases of tuberculosis having as the last address, one in the district. When cases leave the districts, their records are transferred to a central borough file, a transfer card (Form 80 L) being kept in the old file until word is received of their receipt at the new Branch Office.

The Borough Office forwards to the proper branch office a tracer (Form 266 L) in order to verify the new address. If the case is located the records are forwarded, a record being kept on a tally card (Form 264 L). If not found they are retained in the central borough file until the case is again located, a tally card (Form 263 L) being forwarded to the Branch Office of the district of last address, notifying it of the facts.

At each Branch Office the records are divided into many subsections as there are nurses' districts in the district. Thus each nurse has her own current record and house file. The system of registration is as follows:

### CURRENT RECORD FILE.

Sec. 131. The cards in these files are divided into six recognized classes of cases—and are shifted from one class to another as occasion arises. (See later.) Each case has its record envelope (Form 260 L) on which are entered: (1) the name, age, last address, sex, marital state, occupation, nationality, date of first report, first positive sputum examination, any, annual record number and Borough, and by whom the case was first reported; (2) all subsequent

changes of class, of address, or of attending physician. The dead cases are removed as they occur and forwarded to the Borough Office. Cases not found at the address given and no subsequent report of which is received in one year, cases that have left the city permanently, and recovered and non-tuberculous cases are filed in a "discontinued" file.

In the record envelope are filed the history card (Form 44 L) giving the information obtained by the nurses and inspectors of the Department of Health as to (a) the house; (b) the home, or rooms occupied by the patient or his family; (c) the family; (d) the economic conditions; and (e) the patient—physical condition, precautions observed, treatment, etc. All later records of every kind (reports, nurses' visits, disinfections, admissions to hospitals, etc.) are entered, with dates, on a later history card (Form 267 L). The history cards of cases under close sanitary supervision by nurses are not filed, but are kept separate in the files for periodical review by the Physician-in-charge, who is expected to confer with each district nurse attached to the Branch Office under his charge at least once a week regarding the cases of tuberculosis under close supervision. Each nurse should be assigned a stated day and hour for conference each week.

### GENERAL ROUTINE.

Sec. 132. On receipt of report of a case, from whatever source, it is searched for in the record and house files; if found to have been previously reported, the facts given in the report are entered on the record envelope and also on the house card, if necessary. If not in the record file, it may be found in the house index, where it may be under a different

differently spelled name. An envelope, primary history, and later history card, and (if a new house) house card are made out for every new case. The case card is filed. With the exception of those cases reported by private physicians and by non-department of Health tuberculosis clinics in Manhattan, all cases, whether new or old, are then assigned to nurses to visit (1) to obtain a history and keep under supervision or observation; (2) to order the necessary disinfection, or (3) to investigate complaints. The record envelope remains in the current file, and the primary and later history cards are given out to the nurse, to be returned the following day. All records of revisits are entered on the later history card. A numerical daily tally is kept of the number of cards given to and returned by each nurse.

### MONTHLY CENSUS.

Sec. 133. On the last Friday of every month each district nurse counts the number of envelopes in each of the six classes of her file, corrects mistakes in filing, removes duplicates, etc., a record being kept in the Branch Office. The figures are also sent to the clinics for use in their monthly report to the Association of Tuberculosis Clinics.

### DAILY REPORT TO HOSPITAL ADMISSION BUREAU.

Sec. 134. All changes of address, departure from the city, etc., of cases that have ever been in a tuberculosis hospital, are reported daily (Form 153 L) to the Hospital Admission Bureau.

## CLASSIFICATION OF CASES.

Sec. 135. The procedure varies somewhat with the character of the case. The cases in the current index are grouped in six classes as follows: (1) Under care of private physicians. (2) Under care of no Department clinics doing their own nursing. (3) Cases in hospital. (4) Cases in sanatoria and out of town temporarily. (5) Cases not found at address given. (6) Cases at home, and not under a physician's care.

### CLASS I. CASES UNDER THE CARE OF PRIVATE PHYSICIANS.

Sec. 136. These cases are given to the nurse "information only," and the locality visited to ascertain if there is a house at the address given, and character: *i. e.*, private one-family house, tenement etc. Further information regarding these cases obtained from the physician on a special card, once every two months, as follows: At the close of every second month a new physicians' information tuberculosis card (140 L) and an envelope addressed to the physician are filled out at the Branch Office for every private case in the current index, and forwarded to the Borough Office. From there they are mailed to the physician with a stamped envelope for return. When returned, the physician's card is filed in the central name file in the Borough Office, and the facts forwarded to the Branch Office, where they are entered on the record envelope of the case. Should the card not be returned by the physician within fifteen days, the Branch Office nurse telephones the physician to obtain the necessary information. Failure on the part of private physicians to respond on time

ard will be followed by a visit from the Department nurse. If the patient is no longer under his care, a nurse visits the premises and takes appropriate action. When a nurse reports that a patient is under the care of a private physician, he is requested by letter (Form 15 L) to forward a certificate to that effect (Form 14 L).

## CLASS IIA. CASES REPORTED BY NON-DEPARTMENT TUBERCULOSIS CLINICS IN THEIR OWN DISTRICT (MANHATTAN ONLY).

Sec. 137. These cases are not assigned to Department district nurses except on request. The envelopes of such cases are kept in the current file under "Clinic," and comparison made with the records of the clinic at stated intervals. On the first visit to the home of each new clinic case the non-Department clinic nurse fills in blue card (Form 149 L) with information about house conditions required for house file in the Branch Office. These cards as completed are turned over to the district nurse, who forwards them to the Branch Office. If the case is not found at the address given, the cards are shifted from "clinic" to "not found" section of the current file.

The clinic may request that district nurses visit its cases (1) to order disinfection; (2) to induce patient to return to clinic; (3) to recommend forcible removal.

When a complaint regarding one of this class of clinic cases is received at the Branch Office, the clinic is always consulted before patient is visited. When cases of tuberculosis are discharged by the clinic for non-attendance or any other reason, they come under

the care of the district nurses and become "at home cases." (See Sec. 141.)

[Note.—When a clinic reports a case as living in another district, and unless the report states that the first clinic wishes to keep the case under treatment, a district nurse visits the patient at once, and urges the patient to attend the proper clinic. If patient does not report at second clinic within ten days, he is revisited and again urged to attend clinic. If he refuses to do so, he is then classified as an "at home" case. If patient does report at clinic, he is treated as a clinic patient.]

## CLASS II B. CASES ATTENDING OTHER CLINICS.

The name, address and clinic attended of every patient attending a clinic outside of his district should be entered on a "transfer and receipt" card (Form 80 L) and filed among the clinic cases in the Branch Office of the clinic attended. Such cases are to be reported to the clinic of the district of residence and recorded in the name file of said clinic together with the name of the clinic actually attended. Should such a patient later attend the clinic of his district, the name file will make known that a clinic history is already on file in some other clinic, and the same can then be sent for.

## CLASS III. CASES ADMITTED TO HOSPITAL.

Sec. 138. When word is received from the Borough Office that a case in the district has entered a hospital, the name of hospital and date of admission are entered on the record envelope and the case reclassified in the index. The later history card is assigned to the



nurse, who visits the premises and orders the necessary disinfection. This applies to all clinic as well as at home cases. A "home condition" card (Form 14 L), stating whether patient should be allowed to return home, is filled out by the nurse for every case, and mailed direct from the Branch Office to the Hospital Admission Bureau. The same procedure is followed in dead cases, except that the case is removed from current file.

#### CLASS IV. CASES LEAVING CITY TEMPORARILY OR ENTERING SANATORIA.

Sec. 139. Here the procedure is the same as in cases entering hospital, the cases being subdivided into (a) out of town; and (b) in sanatoria.

#### CLASS V. CASES NOT FOUND AT ADDRESS GIVEN.

Sec. 140. Every effort is made by the district nurse to locate the patient. Should this be impossible, the reason is given, *e. g.*, "no house at that address"; "only a friend's address, never lived here and whereabouts not known"; "never heard of at that address"; "lived here months or years ago," etc.

If informed that patient is dead, the nurse uses every effort to learn where and when patient died. All cases reported "not found" are reinvestigated by second nurse. When a "not found" case is reported from another address in another district, that fact must be reported to the original Branch Office by the Borough Office, in order that original records may be transferred. At the end of one year the records of "not found" cases not subsequently reported are removed from the current to the discontinued file.

## CLASS VI. "AT HOME" CASES.

Sec. 141. Under this head are included cases reported by general dispensaries, those discharged from hospitals, sanatoria and tuberculosis clinics, those reported by private physicians with request that they be visited, etc. [All cases discharged from Riverside Hospital, in which the home or other conditions have been previously reported as unsatisfactory and retention of the patient is recommended, are to be reinvestigated at once. The return of the patient to Riverside, by force if necessary, is to be recommended if such action is warranted by the result of the investigation. Such discharged cases are reported by letter direct from the Admission Bureau to the Branch Office.] The patients are, of course, urged to attend the tuberculosis clinic of the district, and should they do so they become clinic cases. Until the sanitary conditions are satisfactory, and instructions are obeyed, each case is visited every few days; thereafter, at least once every two months. The record envelopes and the tally index in the Branch Office call attention to any case being overlooked. A new later history card (Form 267 L) is assigned to the district nurse, and returned the following day. All necessary facts are then entered on house card. If sanitary conditions are satisfactory, the later history card is filed in the record envelope in the current index. If case is kept under supervision, it is kept in the front of nurse's section of the index.

## DEAD CASES.

Sec. 142. All deaths from tuberculosis are reported to the Borough Office by the Bureau of Records (see Sec. 65), and thence to the proper Branch Office on

ly report. The record envelope is stamped "Dead," and unless patient died in a hospital, the later history card is assigned to the district nurse to order the necessary disinfection, etc. On receipt of nurse's report that disinfection has been attended to, the envelope with the history card is removed from the current file, all facts entered on the record envelope and house card, and the envelope and history cards are forwarded to the Branch Office. A list of the deaths is forwarded at once to the Hospital Admission Bureau. A record is kept of the number of previously unreported dead cases on daily tally sheet. In all previously unreported cases where the physician signing the death certificate had been in attendance one week or more, a letter (Form 25 L) is sent by the Physician-in-charge to said attending physician calling his attention to the violation of the Sanitary Code and requesting an explanation. Should an answer be received within two weeks to two such letters, a third letter is forwarded to the Executive Office, with recommendation that it be delivered by a sanitary policeman, demanding an explanation on pain of prosecution.

### RECOVERED CASES.

Sec. 143. Before a case can be removed from the current tuberculosis files of the Department, as apparently arrested, all constitutional symptoms and expectoration with tubercle bacilli must have been absent for a period of three months, the physical signs to be those of a healed lesion. On receipt of the attending physician's certificate of this condition (Form 87 L) the Borough Office is notified to remove case from its own and Branch Office files.

## CASES LEAVING THE CITY PERMANENTLY.

Sec. 144. As in dead cases, these cases are at once assigned to the district nurse to order the necessary disinfection, and the record envelope removed from the current file and placed in the discontinued file.

## UNDIAGNOSED CLINIC CASES.

Sec. 145. When patients under observation in the Tuberculosis Clinics fail to attend until a diagnosis can be made, they are visited by a nurse and urged to return. Should they fail to do this they are visited by the attending physician, who endeavors to arrive at a diagnosis.

## SCHOOL CHILDREN.

Sec. 146. Each Borough Office records the number of reported cases and deaths from tuberculosis in children from 0-5 and 5-16 years of age. All cases and deaths of children of school age are reported from the Branch Office to the Executive Office (Form 126 L), where further investigation is made as to exclusion from school. All cases of children of school age, with tubercle bacilli in the sputum, are reported by the Diagnosis Laboratory to the Executive Office.

Children whose sputum has shown the presence of tubercle bacilli within two months are not permitted to attend school. If they are, or have been, attending public schools, the Bureau of Child Hygiene is requested to exclude them, a special card (Form 83 L) being used for that purpose.

In cases attending private or parochial schools the same procedure is followed.

In cases under the care of private physicians, information is obtained from the physician as to results.

private sputum examination and location of school attended. A specimen of sputum is also asked for.

Cases suffering from tuberculosis, whose sputum does not contain tubercle bacilli or cannot be examined, are referred to the Bureau of Child Hygiene for exclusion only when there are physical signs of disease, the child is in poor condition and the parent or guardian consents. Where the child is admitted to or discharged from a day camp, the teacher at the camp is expected to notify the school authorities to transfer the child from or to its regular public school, as the case may be.

When the patient improves and examination of two consecutive specimens of sputum fails to show the presence of tubercle bacilli, the Bureau of Child Hygiene is requested to permit the child to return to school.

The Bureau of Child Hygiene is furnished periodically with information, obtained from the district tuberculosis nurses, regarding the whereabouts of every case of tuberculosis excluded from school, if under medical care, and by whom. The nurses make every effort to induce all suitable cases to enter a day camp, or an institution.

## CASES REPORTED AS LIVING IN OTHER BOROUGHES.

Sec. 147. These are at once reported to the Borough Office of the Borough in which they live. When a patient moves to a definite address in another borough, the original records are forwarded to that Borough Office through the Executive Office of the Bureau.



## SUSPECTED CASES AND COMPLAINTS.

Sec. 148. All cases reported by lay individuals and organizations, and nurses, are classed as "suspected" cases, and are referred by the Borough Office to the proper Branch Office, where they are first assigned to the district nurse for investigation. She forwards a history (Form 44 L), and endeavors to induce the patient, if not under a physician's care, to attend her clinic; failing in that she obtains a specimen of sputum. If she cannot do this, the case is assigned to a clinic physician. Should there be a physician in attendance who has failed to report the case, he is communicated with by telephone or letter.

If not a case of tuberculosis, it is classed as "no case" and not entered in current record file, history card being filed in Branch Office. All complaints by citizens (as to spitting, necessity for hospital treatment, etc.) are first investigated by a tuberculosis nurse, who submits a history card with report. If there is a physician in attendance, he is communicated with and requested to see that the nuisance is abated if one exists. Complaints by nurses or physicians as to unsanitary conditions and recommending inspection are forwarded on special blank (Form 3 L). The report is journalized, approved by Physician-in-charge, and forwarded to Executive Office. If a tenement house, the complaint goes to Tenement House Department; if a one or two-family house, to the Sanitary Bureau of the Department.

All reports of cases, either to the Executive Office, or to private physicians or outside organizations, should be made on the card furnished for that purpose (Form 87 L).



## INVESTIGATION OF SUSPECTED CASES OF TUBERCULOSIS AND COMPLAINTS.

Sec. 149. All suspected cases of tuberculosis that will not or cannot visit a clinic, and in which the district nurse cannot obtain a specimen of sputum, are examined at their homes by a clinic physician. These cases are reported to the Department by lay organizations, citizens, district nurses, inspectors of other city departments, etc. The physician submits a full report of the case on a history clinic diagram card (Form 211 L).

All suspected cases of tuberculosis (permanent cases, special complaints, etc.), if not on record at the Branch Office, are to be assigned immediately to a clinic physician for investigation, and a report is to be forwarded at once to the Executive Office. The visiting physician must examine the patient whenever possible, and not rest content with referring him, or her, to the clinic. Should disinfection be necessary, a nurse should be sent.

## RECOMMENDATIONS FOR CHARITABLE AID.

Sec. 150. When made by district nurses in districts where there are no local relief committees, these are forwarded direct from the Branch Office by double postal (Form 81 L) to the proper Association. A record (Form 42 L) is kept of every reference, and when the return postal is received and entered on record of case, it is filed behind tally card. At intervals a second postal is sent for each case in which a reply has been received.

## RECOMMENDATIONS FOR HOSPITAL CARE.

Sec. 151. When these are received on nurses' or physicians' histories, duplicate reference cards (Form 174 L) are forwarded to the Hospital Admission Bureau.

Applications for sanatoria, the Preventorium, or Department Day Camps, are made only by the tuberculosis clinic of the district.

## SUPERVISION OF FAMILIES OF CASES IN HOSPITAL.

Sec. 152. When patients in a hospital have families remaining at address from which patient enters hospital, those families are visited at intervals by district nurses to obtain information for Hospital Admission Bureau as to whether patient should be allowed to return home from the hospital.

## SANITARY SUPERVISION OF TUBERCULOSIS DISINFECTION.

Sec. 153. Every case reported as having been terminated at a given address (removals, previous addresses of new cases, deaths, admissions to hospital etc.) is at once assigned to the district nurse, who recommends the necessary renovation, fumigation and disinfection of the rooms, such recommendations being noted on later history card.

## KINDS OF DISINFECTION ORDERED.

Sec. 154. According to the conditions of the premises the nurse may recommend: (a) that nothing be done; this is most exceptional, obtaining only in very recently renovated apartments and those where the patient only spent one or two nights on the premises.

es; if the premises are in good condition and the  
utum examination is negative, a thorough cleansing  
and airing is sufficient; (b) that the whole apartment  
the room occupied by the patient be fumigated with  
formaldehyde. (This is to be ordered only when reno-  
vation cannot be performed, because of the family  
remaining on the premises, etc.); (c) that the pa-  
tient's room be thoroughly renovated; the walls  
be washed and rekalsomined, repapered or repainted, and  
the woodwork and floors be washed and repainted;  
1) that the whole apartment be renovated.

### RENOVATION PROCEDURE.

Sec. 155. When renovation is required, a Renova-  
tion Request (Form 157 L) is left by a nurse with  
the janitor.

A re-inspection is to be made in ten days. If work  
has not been begun, and the indications are that  
it will not be, the nurse will fill out a Renovation  
complaint (Form 48 L). This complaint is to be  
forwarded through official channels to the Superin-  
tendent of Nurses. The Superintendent of Nurses ob-  
tains from the Complaint Clerk of the Borough a  
number, which is written on the complaint, and said  
complaint is then forwarded to the Chief of the Di-  
vision of Tuberculosis. Upon his approval, the com-  
plaint is forwarded to the Bureau of General Ad-  
ministration for record, and for the issuance of a  
Renovation Notice (Form 14 E). A copy of the Reno-  
vation Notice, when issued, is returned to the Superin-  
tendent of Nurses, to be forwarded by her, through  
official channels to the proper Branch Office. The  
premises are inspected eight days after the Renova-  
tion Notice is issued. If the Renovation Notice has

not been complied with, or work is not progressing, endorsement to that effect is entered upon the Notice by the nurse, and it is returned through official channels to the Superintendent of Nurses, who forwards it directly to the office of the Corporation Counsel. Upon its receipt, by the Corporation Counsel, a Counsel's Notice (Form 5 D) is sent. After forty-eight hours, the Renovation Notice is returned directly to the Superintendent of Nurses, who forwards it through official channels to the Branch Office for re-inspection by a nurse. If the notice has not been complied with, or work is not progressing, it is returned to the Chief of Division and referred by him to the Lieutenant-Command of the Health Squad, who details a patrolman to warn the person against whom the notice is issued. If, upon re-inspection by a patrolman of the Sanitary Squad, it is found that work has not commenced, a summons is issued by him. Applications for extension of time or relief from orders are to be made by the applicant, in proper form, and if approved by the Chief of the Tuberculosis Division, are to be so endorsed and forwarded to the Bureau of General Administration. Renovation Notices, when complied with, are to be so endorsed and forwarded, through official channels, to the Bureau of General Administration, for distribution to the proper Borough Office for filing.

#### SCRUBBING OF FLOORS AND WOODWORK.

Sec. 156. In all instances where this is the order, the procedure recommended by the nurse, she must make every effort to induce the janitor to perform the work voluntarily without the issuance of a notice. Should she fail to obtain this result, she must forward

report on the regular renovation blank (Form 48 L), making a report and recommendation in a manner exactly similar to a case where a notice would be issued, except that after the recommendation the following statement is to be made: "Inasmuch as I have been unable to obtain voluntary compliance with his recommendation, I would further recommend that the scrubbing of floors and woodwork be enforced by the Sanitary Police."

### PLACARDS.

Sec. 157. When there is reason to believe that renovation will be evaded, and in every case where the premises are vacated by the death or removal of the patient and renovation has been ordered, the nurse must placard the door of the apartments with a poster (Form 113 L).

A duplicate placard is to be forwarded to the Chief of Division. The Lieutenant-in-Command of the Health Squad is then requested (Form 52 L) to instruct a sanitary policeman to visit the premises, re-placard same if original placard has been removed, and warn the tenant and janitor not to remove same. When a nurse removes a placard, she leaves a notice (Form 55 L) for the policeman.

### VOLUNTARY RENOVATIONS.

Sec. 158. When owner or agent voluntarily performs renovation, that fact is reported and the nurse revisits the house at short intervals until work is done, a record being kept of the number of such voluntary renovations.

## CLEANERS AND SCRUBWOMEN.

Sec. 159. A staff of cleaners or scrubwomen has been established to wash and clean the floors and woodwork of premises occupied by persons suffering from pulmonary tuberculosis. These cleaners are attached to the various clinics and Branch Office and their outside work is assigned to them by the Physician-in-charge.

The district nurse meets the cleaner on the premises, gives her the necessary instructions, sees that the work is performed properly, and submits a report of the same. Such cleaning is ordered by the nurse in cases where the family either will not or cannot do it, and where, for any reason, the patient should not be removed to a hospital.

## FORCIBLE REMOVAL OF CASES OF PULMONARY TUBERCULOSIS.

Sec. 160. Recommendation that a given case of pulmonary tuberculosis be removed to a hospital, if force is necessary, on the ground that the patient is a menace to the health of others, is made by the district nurse, all complaints being assigned to her for investigation. Before recommending such forcible removal of a case of pulmonary tuberculosis, the nurse endeavors to obtain the patient's consent to enter a hospital. The grounds for the forcible removal to hospital of a case of pulmonary tuberculosis are: (a) that the patient's sputum contains tubercle bacilli; (b) that the patient either will not or cannot observe the necessary precautions as to disposal of sputum; and (c) that others (especially children) are



posed to infection. Should the nurse find that all the above conditions exist, the Physician-in-charge submits a special report (Form 64 L), recommending the removal of the patient. This is forwarded to the Chief of Division. When approved by him later, and when the Hospital Admission Bureau arranges for a vacancy at Riverside Hospital, the original papers are forwarded to the hospital, to be returned thence with report, on discharge or death of patient. The Physician-in-charge makes all necessary arrangements. He first telephones to the office of the Borough Office for a policeman to meet him at the patient's home. He then visits patient; and if the latter is still on the premises leaves him or her in care of the policeman while he telephones direct to the Borough Office of the Department for an ambulance. Returning to the premises, he there awaits the arrival of the ambulance. If in his opinion the patient is in a dying condition, he suspends removal.

When it is desired that patients who have entered Riverside Hospital voluntarily, be detained there, a recommendation to that effect is forwarded to the Board of Health for its approval.

## SUPERVISION OF CASES AT THEIR HOMES.

### GENERAL PROCEDURE.

Sec. 161. The first duty of the tuberculosis district nurse of the Department is to exercise the necessary sanitary supervision over the cases of pulmonary tuberculosis living in her district. Almost the first question asked, when making a visit to a new case, is whether the patient is under the continued care of a private physician; if so, his name and address

are obtained. In tracing cases on first visit, or, unable to obtain admission, when making a review, no messages are left with neighbors. The reason for the nurse's visit (*i. e.*, that there is a consumptive on the premises) is only to be given to the family and not in the presence of visitors or strangers, if possible. The nurse furnishes the Department with prompt, accurate and sufficiently frequent reports to where the patient is, his general condition, temperature and pulse, whether the necessary precautions are being observed (sputum, etc.), if he is receiving medical care and where, the nature and condition of the house and rooms in which he lives, the number in the family, etc. She calls attention to any faulty conditions and recommends the steps to be taken for their betterment. General unsanitary conditions are reported and the case is kept under sanitary supervision and visited every few days until faulty conditions are corrected or the recommendations carried out. If necessary, she may recommend that a physician be

### CIRCULAR OF INSTRUCTION.

Sec. 162. The following circulars of instruction in the language spoken by the patient, are given to the patient or the family:

- 1—Folders of General Information Regarding Consumption. Printed in four languages.
- 2—Folders of Advice to Patients, each printed in English and one other language; three languages.
- 3—Cards of Advice Regarding Sweeping and Dusting in English and one other language; three languages.

## DESCRIPTION OF NURSES' WORK IN HOMES.

Sec. 163. Any other suspicious cases of tuberculosis among the family and neighbors are traced and reported. Should the patient be a child attending school, the nurse reports whether or not he or she should be excluded from school. The welfare of any sickly or anæmic children is looked after and they are protected against infection as far as possible. If necessary their admission to a fresh air school, day camp or Preventorium is recommended. If the rooms are very dirty and the occupants cannot will not clean them, the nurse forwards a recommendation to the Branch Office that a cleaner be sent by the Department (see Sec. 159).

If the patient is at work, the nurse reports as to whether his work is harmful to him, his presence a menace to his fellow workmen, or if he is likely to spread infection to the public (bakers, handlers of foodstuffs, cooks, laundresses, etc.). If any work is done at the home, the nurse makes sure that no one is endangered thereby.

If the case is suitable for hospital or sanatorium care, she endeavors to induce the patient to enter an institution voluntarily, and submits a recommendation to that effect. All the above information is submitted by the nurse on the later history card (Form 44 L).

The patient's temperature and pulse must be taken at every visit, or the reason stated for not doing so. This applies especially to observation cases.

The district nurses may be called on to deliver admission cards to tuberculosis hospitals (Form 32 L) to patients, and instruct them how best to reach the hospital, and as to outfit required (Form 227 L), etc.

## DUTIES OF DISTRICT NURSES IN CLINICS

Sec. 164. In all tuberculosis clinics except non Department clinics in Manhattan, which do their own district nursing, the district nurses devote a certain portion of their time to work in their clinic. In addition to their regular routine clinic duties, they meet all the clinic patients from their own sub-district, who have been instructed to return on those days. They thus familiarize themselves with the medical aspect of their cases, and their presence tends to promote friendly relations between the clinic, the patients and themselves. They also call the attending physicians' attention to anything specially worthy of note regarding the patients and their home surroundings.

### HISTORY CARD.

Sec. 165. This card (Form 44 L) gives a description of the house, the rooms, the family, the financial conditions, the physical condition of the patient, precautions observed, instructions given, and any recommendations.

One of these cards is given out for every new assignment (including dead cases, those removed to hospital or sanatoria, etc., etc.). Very often patient will give the address of a friend or relative with whom they have never lived. The history card need not be filled out in such cases, unless the patient be seen. A new card is assigned whenever patients change their address, return home after a considerable absence, or when conditions at the home have changed. In many instances only the description of the house can be given, as the rooms cannot be located. But

Even this scanty information is important, as it is required for the house file at the Branch Office. This history card is also used by a number of the non-Department clinics of Manhattan Association of Tuberculosis Clinics.

When cases under care of private physicians or non-Department tuberculosis clinics are visited to order disinfection, etc., only the house history, location of rooms, how long the family has been in rooms, previous address, and name and address of physician or clinic caring for patient are entered on the card. But when such cases are visited on complaint, a full history is taken.

The Borough case number and year of old cases are always entered in the proper space in the upper right hand corner of the card.

## DISTRICT WORK OF CLINIC PHYSICIANS.

Sec. 166. As stated in Section 149, the clinic physicians do district visiting in addition to their clinic work. The assignments are made by the Physician-in-charge, and all reports submitted on a clinic diagram card (Form 211 L). A record of the visits is kept in the Branch Office, and given in its weekly report.

## TUBERCULOUS CHILDREN.

Sec. 167. Cases of pulmonary tuberculosis in children under sixteen years of age, in which the attending physician will not certify in writing that patient can safely attend school, where the patients will not or cannot visit the nearest Department Tuberculosis Clinic, or where a specimen of sputum is

refused, may be assigned to a clinic physician for investigation and report. In investigating cases reported by tuberculosis clinics for exclusion or re-admission to school, the physician will consult with and obtain all information possible from the clinic before visiting the child.

### VISITS TO LODGING HOUSE PATIENTS.

Sec. 168. Monthly visits to patients living in lodging houses are made by the clinic physicians on request of the district nurse.

Lodging houses and Mills hotels are notified (Form — L) when a case of tuberculosis is reported from that address, and are required to inform the Department of Health (Form — L) of the departure of such cases.

### VISITS TO CLINIC PATIENTS.

Sec. 169. The tuberculosis clinics sometimes send a physician to visit a clinic patient who is too ill to attend the clinic. A clinic physician visits the patient, prescribes if necessary and forwards a report recommending suitable action (usually removal to hospital). But he does not continue to render medical service at the home.

### RECOVERED CASES.

Sec. 170. When notice is received that a given case of tuberculosis has recovered, and no physician's certificate is forwarded, the case may be assigned to the clinic physician to visit and make a physical examination.



# FORMATION FOR THE PUBLIC REGARDING THE SUPERVISION OF TUBERCULOSIS.

## CIRCULARS.

Sec. 171. The following circulars, etc., are issued by the Department, through its nurses, through drug stores acting as supply stations, and through stereopticon and traveling tuberculosis exhibits, to persons suffering from tuberculosis and their families, to physicians and to others interested: Circular of Information Regarding Measures Adopted for the Sanitary Supervision of Tuberculosis (Form 66 L). Circular Regarding Importance of Early Diagnosis of Tuberculosis (Form 75 L). "Sweeping and Dusting," in English and German (Form 176 L); English and Italian (Form 177 L), and English and Yiddish (Form 180 L). Circular of Information Regarding Consumption, in English (Form 231 L); German (Form 230 L); Italian (Form 238 L); Yiddish (Form 241 L); Bohemian (Form 239 L); Finnish (Form 107 L); Polish (Form 133 L); Slovak (Form 134 L); Rumanian (Form 135 L); Swedish (Form 236 L); Armenian (Form 50 L); Spanish (Form 29 L), and Chinese (Form 162 L). Advice for Patients in two languages: English-German (Form 139 L); English-Italian (Form 155 L), and English-Yiddish (Form 177 L). Consumption Cures (Form 229 L). Consumption Cures (in Italian) (Form 72 L). Handbook of Help for Consumptives (Form 2 L). What You Should Know About Tuberculosis (Form 123 L). Tuberculosis Catechism for Children (Form 246 L). Registration and Sanitary Supervision of Pulmonary Tuberculosis (monograph No. 1). Tuberculosis Clinics and Day Camps (monograph No. 2). Metal

and paper signs warning the public against spitting and "Anti-Spitting Pads" (Form 130 L). Leaflet Regarding Reporting of Tuberculosis (Form 9 L).

## MOVING PICTURE AND STEREOPTICON EXHIBITIONS.

Sec. 172. These are given at night in the public parks throughout the summer, notices of such exhibitions being distributed by nurses, through drug stores, etc. These notices are printed in English and other languages, as follows: English (Form 12 L), Yiddish (Form 41 L), and Italian (Form 46 L). Placards (Form 269 L) are posted throughout the city.

## CARE OF THE DEPARTMENT'S TUBERCULOSIS PATIENTS.

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### THE TUBERCULOSIS HOSPITAL ADMISSION BUREAU.

Sec. 173. Located at 426 First Avenue, Manhattan in the immediate neighborhood of the Department of Charities, Bellevue Hospital, the large medical school and a number of dispensaries. Telephone 8667 Madison Square. This Bureau has been established by mutual agreement of the Department of Charities, the Department of Health, and of Bellevue and Allie Hospitals.

The staff of the Manhattan Bureau consists of a Physician-in-charge; a Clerk-in-charge and Examiners, detailed from the Department of Charities; Attending Physicians, detailed from the Department of Charities and Health; a Dentist; Nurses; Hospital and

her Clerks. A special letterhead (Form 19 L) and envelopes (Forms 10, 17 and 20 L) are used. The physician-in-charge keeps a diary of current events. A weekly report (Form 190 L) is submitted to the Bureau of Infectious Diseases and to the Department of Charities.

## INSTITUTIONS ADMITTING THROUGH BUREAU.

Sec. 174. Tuberculosis institutions to which patients are admitted through Bureau:

(1) General tuberculosis hospitals maintained directly by the City Government (Metropolitan, Riverside and Sea View).

(2) General tuberculosis hospitals maintained indirectly by subsidy [Seton, St. Joseph's, St. Vincent's and Montefiore Home and Montefiore Country Home Bedford Hills Sanatorium)].

(3) Reception hospital for patients needing immediate care: (Bellevue.) Cases are admitted on personal application or are referred by Admission Bureau when direct application is made too late for admission to a general hospital the same day. The Admission Bureau places all such cases in other hospitals as soon as possible, except those which the hospital authorities wish to retain.

(4) Sanatoria (Otisville and New York State Hospital for Incipient Tuberculosis at Ray Brook).

(5) Tuberculosis Preventorium for Children, Farmdale, New Jersey; Tuberculosis Preventorium at Canaan, New York.

(6) The Manhattan and Brooklyn Day Camps of the Department of Health. [See section 191].

## APPLICATIONS FOR ADMISSION.

Sec. 175. All applications for institution care whether made to the Department of Charities, Bellevue and Allied Hospitals, the Department of Health charitable organizations, tuberculosis clinics or general dispensaries, etc., are referred, either directly or by letter or telephone, to the Admission Bureau. When by reason of weakness or other sufficient cause the patient cannot present himself in person at the Bureau, he is referred for examination to the tuberculosis clinic of that district of New York City in which he resides. If the patient is bed-ridden, a nurse or clinic physician visits the house and forwards a report to the Admission Bureau. Clinics in referring a case for admission to hospital forward a special history card (Form 174 L).

## SYSTEM OF REGISTRATION.

Sec. 176. The hours of the Bureau are from 9 A. M. to 5 P. M. Complete information regarding all institution cases of pulmonary tuberculosis in New York City is kept on file, a record envelope (Form 109 L), record card (Form 110 L), and clinical record (Form 174 L) being used for that purpose. On the record envelope are entered: (1) all necessary facts regarding the patient for identification, case number, etc.; (2) the date of application for institution care, when and where admitted, reports from the hospital, date of death or discharge, etc.; (3) similar data regarding all subsequent applications. In the envelope is filed the record card of the case, and the report of the district nurse as to whether patient should be allowed to return home. Information regarding any given case is thus obtainable at a moment's notice.

## EXAMINATION AT ADMISSION BUREAU.

Sec. 177. If the patient applies in person and no record of his or her physical condition is on file, a physical examination is made. At the same time the case is assigned to an examiner to visit the patient's home and report on social and financial conditions there. These examiners are detailed from the Department of Charities. (See Sec. 179.) Transients and those unsuited for hospital care are referred for further treatment to the tuberculosis clinic of the district in which they reside.

Patients are notified by card (Form 128 L) to call at the Bureau.

## VISITS BY PHYSICIANS FOR DIAGNOSIS.

Sec. 178. If the applicant cannot visit the Admission Bureau in person, he is visited and examined by one of the clinic physicians, who forwards clinical record (Form 174 L) to the Admission Bureau. These physicians have received special training in the diagnosis of pulmonary tuberculosis.

## INVESTIGATION OF HOME AND FINANCIAL CONDITIONS.

Sec. 179. *By the Bureau.* On receipt of application at the Admission Bureau, the case is at once assigned to an examiner of the Bureau to visit and report on the home and financial conditions. She inquires into the conditions of the house, the home of the family; whether overcrowding exists; if others (especially children) are exposed to infection; amount and disposal of expectoration; general condition of the patient, legal residence, etc. Full in-

formation as to the economic conditions is also obtained—amount of rent paid and other expenditures, number to be supported, the earnings of each member of the family, and what aid they are receiving from other sources. All these facts are reported on a special card (Form 110 L). This is forwarded to the Admission Bureau. Such an investigation of the social conditions, as described above, is made in every instance. Physical examination may be omitted at the discretion of the Bureau, if a recent record is on file.

### ADMISSION TO HOSPITAL.

Sec. 180. If found suitable the case is then admitted to the most suitable institution, an admission card being at once delivered by a district nurse, who also gives the patient full instructions as to how to reach the institution, outfit needed, visiting hours for the family, etc. When necessary an ambulance or carriage is provided. If there are no vacancies, the name of the patient is placed on a general waiting list, a special card (Form 203 L) being used.

### HOME CONDITIONS AFTER ADMISSION.

Sec. 181. In every case admitted to a hospital or sanatorium, a "home conditions" card (Form 144) is forwarded to the Bureau from the Branch Office of the district in which the patient lives.

If the patient is unknown at the address given, "not found" is entered on the card. Such cards are assigned to a nurse, who visits the hospital and ascertains the correct address. The card is then returned to the Branch Office for further investigation.



## SUPERVISION OF FAMILY WHILE PATIENT IS IN HOSPITAL.

Sec. 182. District nurses of the Department of Health visit the families of patients in hospital at regular intervals, to obtain correct and up-to-date information as to whether it is best for the patient to turn home.

## REPORTS FROM INSTITUTIONS REGARDING THEIR PATIENTS.

Sec. 183. A telephone report is obtained daily by Admission Bureau from all institutions, of the numerical census (male or female) of patients, and the full name and address of all patients admitted, discharged, transferred, or dead, during the previous twenty-four hours, and the names of all patients wishing to be discharged (Form 209 L). The number of vacancies is also obtained (Form 63 L). Private sanatoria report admissions, discharges and deaths by mail (Form 69 L), and state whether patients are to be visited. This information is recorded in a journal (Form 8 LL).

This information is telephoned at once to the proper Borough Office of the Bureau of Infectious Diseases of the Department of Health.

Each institution forwards at intervals a census of its patients (Forms 208 and 257 L), giving name, date of admission, and condition at the time of report.

## HOME CONDITIONS OF RIVERSIDE CASES.

Sec. 184. In order to determine whether patients could be allowed to visit their homes, every River-

side patient, immediately on admission, makes application for a pass to leave the hospital. A special card is used, which is forwarded from the hospital to the Admission Bureau, and thence to the proper Branch Office for investigation and report as to conditions at the patient's home. The card is returned through the Admission Bureau to the hospital. It does not supersede the "home conditions" card. Passes are issued only after a report on home conditions.

Applicants whose teeth need attention are referred to the dentist of the Bureau, card (Form 207 L). Results of examination and treatment are entered on a special card (Form 256 L).

Placards of information regarding sanatorium requirements are issued to all tuberculosis clinics (Forms 88 and 90 L).

### SANATORIUM APPLICANTS.

Sec. 185. The Admission Bureau is also responsible for the admission of all cases to the Sanatorium of the Department of Health at Otisville, New York, and to the New York State Hospital for Incipient Tuberculosis at Ray Brook, New York, and Montefiore Country Home at Bedford Hills. Preliminary medical examination may be made at any of the tuberculosis clinics throughout the city. But all applicants must be referred to the Admission Bureau for economic and final medical examination. Official examiners for Ray Brook and Otisville are connected with the Admission Bureau. Patients unsuitable for admission to the above institutions, or who would have to wait a long time for admission (both institutions having waiting lists) are properly cared for at once and much harmful delay avoided thereby.

## BUREAU OF INFORMATION.

Sec. 186. Full and up-to-date information regarding all public, semi-private and private institutions for the care of tuberculosis is kept on file at the Admission Bureau. A card of information for physicians is issued (Form 101 L). A special information index and waiting list is kept for applicants for Otisville, Ray Brook, the Preventorium, Seton, and Riverdale hospitals (Form 203 L), and clinics and physicians referring cases are notified as to the result of the various examinations and investigations (Form 4 L). A complete description of the workings of the Bureau is given in the Handbook of Help for Consumptives (2 L) which is given out at the Bureau.

## THE TUBERCULOSIS PREVENTORIUM FOR CHILDREN, FARMINGDALE, N. J.

Sec. 187. The Preventorium is for children between the ages of four and fourteen who are predisposed to tuberculosis, preference being given to those families in which a case of tuberculosis exists.

Applicants must be examined by a physician, preferably at one of the tuberculosis clinics, who should fill out and sign the medical report blanks, which may be obtained upon written or personal application to the Hospital Admission Bureau. Blanks must be filled out in duplicate and sent to the Bureau. The applicants are then placed on a waiting list from which they are drawn for a final examination by the Medical Examiner for Admission to the Preventorium to determine their acceptance or rejection.

No child will be admitted who has tuberculosis in an infectious stage.

A tuberculin test must be made in every case, and a report of the result entered upon the application blank.

No children who are known to have been exposed to any of the acute contagious diseases within three weeks of the date of their final examination for the Preventorium are eligible at that time. The presence in the house in which the children live, of any acute contagious disease at the time of the final examination, also temporarily disqualifies them.

Moreover, the presence of hypertrophied tonsils, adenoids, carious teeth, or pediculi or nits in the hair may be a cause of non-acceptance until such conditions are corrected. In order to save time and labor for all parties concerned, it is, therefore, requested that nurses have these conditions remedied before bringing the children for examination.

Clinic nurses will be notified of the date of the final examination which will be held at the Hospital Admission Bureau. Children who are accepted will go to the Preventorium within two or three weeks of the date of their acceptance.

Nurses will be notified five days in advance whenever possible, of the date of departure for the Preventorium. At the appointed hour they must have their charges at the Hospital Admission Bureau. From here the children are taken across the ferry by the nurse from the Hospital Admission Bureau to meet the Preventorium nurse. Children who do not appear for the final examination when directed

will be placed in the rejected list, unless reason for such non-appearance is promptly furnished.

Prompt notification to the Hospital Admission Bureau must be made of any children already accepted for the Preventorium who are found unable to go.

Every child on date of departure must be supplied with a complete outfit of the following articles:

One extra dress or suit of clothes, 1 petticoat for girls, 1 extra pair of strong shoes, 1 pair of over-shoes, 3 extra pairs of stockings, 2 extra suits of underwear, nightdrawers, 1 brush and comb, 1 tooth brush.

In winter (September 15-March 15) they require in addition:

One warm coat or sweater, 1 pair woolen mittens, cap covering ears, 1 pair rubber boots.

Failure to provide these will prevent the child's acceptance.

All clothing should be in good condition and packed neatly in a bundle.

In addition each child should have a light lunch before departure.

Children are cared for in the Preventorium for about three months. Clinics and parents will be notified when children are to be returned. They are to be met on their return at the Hospital Admission Bureau at the time specified in the notification.

Discharged cases are followed up by a nurse one month after leaving, and again six months later. A special history card is filled out and the result will be tabulated.

## TUBERCULOSIS INSTITUTIONS MAINTAINED BY DEPARTMENT OF HEALTH.

### RIVERSIDE HOSPITAL.

Sec. 188. This institution is for a preliminary period of observation (cases with bad home condition preferred) of all applicants for admission to Otisville Sanatorium; for the care of those patients who are too far advanced for Sanatorium care; for the detention of those who have been removed, by force if necessary, from their homes, and those transferred from other hospitals who insist on returning to unsuitable home surroundings. The sputum must have contained tubercle bacilli within a month. The hospital is on North Brother Island, in the East River. When a vacancy occurs, admission cards (Form 32 L) are issued by the nurses of the Hospital Admission Bureau. If coupé or ambulance is necessary, the Department Borough Office is requested to remove the patient.

All cases must reach the Reception Hospital of the Department of Health at the foot of East 16th Street, Manhattan, by 1 P. M., as the boat leaves at that hour. Ambulatory cases may cross to the hospital from the foot of East 132d Street, The Bronx, whence a boat leaves every hour between 9 A. M. and 5 P. M. Information regarding visiting days and hours given in four languages on a special card (Form 31 L).

### OTISVILLE SANATORIUM.

Sec. 189. For incipient and favorable cases, at Otisville, Orange County, N. Y. All applications are referred to the Hospital Admission Bureau. Special



ference cards (Form 71 L) with envelopes (Form L), giving a brief history of the case, are mailed *duplicate* to the Bureau. One is kept on file and the other forwarded to Otisville when the patient is admitted. Patients are admitted according to the original date of application.

Applicants must be residents of New York City. Persons suffering with tuberculosis, who are not citizens of the United States, will not be placed upon the list for admission to Otisville so long as there are enough applicants, who are citizens, to fill vacancies. Minors, whose fathers are not citizens of the United States, will not be placed on the list. The following, however, are not included:

1—Unmarried women, residents of the United States for three years or more, who are self-supporting, or whose parents reside in foreign countries, and who are over twenty-one years of age.

2—Widows, residents of the United States for three years or more.

3—Minors, born in the United States, or those not native who are over fifteen years of age and are self-supporting.

Discharged cases are followed up and information obtained as to their outcome (Form 65 L).

## INSTRUCTIONS FOR APPLICANTS.

Sec. 190. When vacancies occur, the Admission Bureau notifies the patients by card (Form 128 L) and furnishes them with a circular (Form 227 L), containing rules and list of articles they must take with them.

## TUBERCULOSIS CAMPS AND FRESH AIR SCHOOLS.

Sec. 191. The Department of Health maintains two Tuberculosis Camps on the disused ferryboats, as follows:

### CAMPS.

#### THE MIDDLETOWN.

A—Located at foot of East 91st Street, Manhattan, telephone 2957 Lenox; under the direction of the Women's Auxiliary of the Department of Health Tuberculosis Clinics.

#### THE RUTHERFORD.

B—Located at foot of Fulton Street, Brooklyn, telephone 1530 Main; under the direction of the Tuberculosis Committee of the Brooklyn Bureau of Charities, the nurse-in-charge being in the employ of that organization.

### ROUTINE PROCEDURE.

Sec. 192. At these Camps are received suitable cases of pulmonary tuberculosis in all stages, referred by card (Form 127 L) from Department and other tuberculosis clinics. Patients must be of good character and disposition, and residents of New York City. All patients discontinue attendance at tuberculosis clinics while at the Camps, but monthly reports to their progress are sent to the clinics. The patients are given a hot dinner in the middle of the day and extra nourishment in the mornings and afternoons. Physicians of the Department visit the Camps at regular intervals, examine the patients, and prescribe any medication necessary. The system of record

sed in the tuberculosis clinics is followed on the camps, including a special temperature card (Form 10 L). They are provided with steamer chairs, wraps, books and games.

A limited number of men, suffering from tuberculosis, but able or compelled by circumstances to continue at work, are allowed to sleep at Camp Rutherford and are given a hot breakfast each morning except Sundays and Holidays. But no patient can remain at the Camp *both day and night*. Such cases can be better cared for at a hospital.

### TUBERCULOSIS CAMP NURSES.

Sec. 193. Nurses assigned to the Camps perform the usual duties of hospital nurses, *i. e.*, taking and recording the temperature and pulse of the patients, assisting at meal times, giving medicines, etc.

All Department employees at the Camp are subject to the general regulations of the Department, the authority of the Supervising Nurse, and to the special regulations of the Camp.

### TUBERCULOSIS CAMP REGULATIONS.

Sec. 194. All patients must be referred through one of the twenty-nine tuberculosis clinics in New York City. The reference card (Form 127 L), which gives the patient's name, address, clinic number, name of clinic and other information, is not given to the patient, but is mailed in duplicate to the Boat Camp. When a vacancy occurs, a nurse visits the applicant, gives an admission card and instructs applicant how to reach Camp. One history is filed and the other

forwarded to the Hospital Admission Bureau, after patient has either entered or declined to enter the Camp. These nurses also follow up and report on delinquent applicants and patients. Patients are admitted in the order of their priority. The clinic of reference is notified by daily report sheet.

2. No patient will be admitted who has not a final diagnosis of pulmonary tuberculosis, based on physical examination, the presence of tubercle bacilli in the sputum, or a positive Moro or v. Pirquet inoculation test. Citizens and children of citizens will be given preference.

3. A daily telephone report of the previous twenty-four hours is made to the Admission Bureau, of the name and address of all patients admitted and discharged, and the total number of patients at the Camp. All children of school age who are admitted to or discharged from the Camps are separately reported to the Executive Office of the Bureau within one week by card, the full name, age, address, diagnosis, etc., together with the number and location of the school the child attends, being given.

4. Daily record is made of the amount of food disbursed (Form 79 L), and the reports (Form 84 L) forwarded to the Executive Office of the Division of Communicable Diseases. A weekly report of the work of the Camp (Form 70 L) is also forwarded.

5. Admission to the Camp will be renewed by the Supervising Nurse every two weeks. No patient will be continued who:

(a) has not attended the Camp eight days out of twelve;

- (b) has disobeyed the rules of the Camp;
- (c) has bad habits;
- (d) is dishonest.

When said patient is attending school at the Camp, the Board of Education is to be notified prior to discharge.

6. Patients must report promptly at 9 A. M. and remain until 5 P. M. Those who are late will be admitted only at the discretion of the Supervising Nurse.

Patients will be discharged after a stay of three months if unimproved; if improved, they will be retained an additional three months or longer, at the discretion of the attending physicians.

Delinquent applicants and patients are investigated by the Camp nurses. The card with the nurse's report thereon is returned through the Borough Office to the Camp.

7. All patients will be required to do light work; exceptions may be made at the discretion of the attending physicians.

8. Patients who apply to the Camp directly without a card will be referred by the Supervising Nurse to the tuberculosis clinic of the district in which the patient resides, by card (Form 141 L), on which is written "Applicant for Tuberculosis Camp."

9. At each visit of the patients to the Camp, the afternoon temperature, pulse, and respiration are noted on the treatment card. The weight is recorded once a week. Re-examination of the chest with entry on diagram card is made at least once in every two

months. All recommendations must be made on a treatment card in ink.

10. The attending physician attends the Camp three days each week and if prevented from attending he should notify the Supervising Nurse promptly by telephone.

11. Nurses report promptly at 9 A. M., and remain until 5 P. M.

12. The nurses assigned to assist the attending physicians with examinations, etc., are to see that the supplies and instruments are in good order.

13. Thermometers after use are wiped with a pledget of cotton saturated with boracic acid, then placed in 1 to 20 carbolic acid, and before use are washed in 95 per cent. alcohol.

14. All diagnostic instruments are to be wiped after use, with a cloth wet with a solution of 1 to 100 carbolic acid.

15. At the close of each examining session all histories are to be returned to the office and properly filed. All sputum specimens are to be placed in the collection box, and the office left in good order.

16. Attending physicians, nurses, hospital helpers, orderlies, etc., will wear gowns when on duty.

17. Smoking and the drinking of intoxicating liquors during Camp hours are strictly forbidden.

18. Patients no longer in need of treatment may be discharged by the attending physician, but certificates of improvement, recovery, etc., are to be forwarded to the Executive Office of the Bureau of Infectious Diseases, to be issued from there.



## TUBERCULOSIS CLINICS.

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Sec. 195. The first tuberculosis clinic of the Department of Health was opened March, 1904, at 967 Sixth Avenue (adjoining the headquarters of the Department at Sixth Avenue and 55th Street), in a building especially designed for the purpose. Since that date similar clinics have been opened throughout the city. For their location and hours and districts see directory, Sec. 2).

### OBJECTS OF ESTABLISHMENT.

Sec. 196. The clinics were established with the following objects in view:

- (a) The early recognition and accurate diagnosis of pulmonary tuberculosis.
- (b) The careful supervision of persons receiving treatment, including not only their medicinal treatment, but also furnishing them circulars of information in various languages, paper sputum bags and paper handkerchiefs.
- (c) The continued observation at their homes by the district nurses of indigent, needy and ambulatory cases, including all those discharged from public institutions of the city.
- (d) The removal to hospitals or sanatoria of (1) advanced or bedridden cases with profuse expectoration, whose presence at home is a menace to others in the family; (2) cases able to get about but who are unable to work, and who are entirely dependent upon their earnings for their livelihood; (3) incipi-

ent cases, who stand a fair chance of recovery if removed to sanatoria outside of the city, and (4) lodging house, or homeless cases.

(e) Provision of municipal institutions to which cases of tuberculosis may be referred (1) by physicians, (2) by institutions on discharge therefrom, (3) by the various charitable organizations throughout the city, and (4) by persons doing individual charitable work.

(f) The extension and strengthening of the sanitary control of tuberculosis among the poor.

(g) The care of laryngeal cases.

## CLINIC STAFF.

Sec. 197. The Clinic Staff is organized as follows:  
Physician-in-charge of the Clinic and Branch office.  
Attending Physicians, two being on duty for each class.

Assistant Attending Physicians, available in case of absence of Attending Physicians.

Attending Laryngologists.

Volunteer Physicians.

A Supervising Nurse and various nurses assigned to duty in the men's clinics, the women's clinics, the registration rooms, and the throat rooms. These nurses also do regular district work, dividing their time between the clinic and the district.

In Manhattan, nurses are detailed to assist and do special work for the Women's Auxiliaries of the Tuberculosis Clinics.

## PHYSICIAN-IN-CHARGE OF CLINIC.

Sec. 198. The Physician-in-charge, in addition to supervising the work of the clinic under his charge, submits each Monday a report (Form 156 L) to the Chief of Division, giving the number of patients seen during the previous week, classifying them as old, new, male and female, under observation at home, receiving extra diet or referred to hospitals and charitable organizations and the number of prescriptions issued, retaining a copy (Form 112 L).

He submits a monthly report to the Association of Tuberculosis Clinics, the data for said report being entered daily on a loose-leaf record (Form 151 L).

He also submits an annual report of the work performed, makes inventories of stock of blanks at stated intervals, and keeps a diary of current events.

## ORGANIZATION.

Sec. 199. Each clinic contains a registration room, drug room, waiting rooms, throat department (except in Queens and Richmond), and clinics for male and female patients respectively, each with its examination room.

Coincidentally with the establishment of the new clinics, the entire system of conducting the clinics has been revised and made uniform throughout all boroughs.

According to the number of weekly sessions each clinic has been provided with a corresponding number of attending physicians, assistant attending physicians, nurses, clerks, etc. A uniform system of registration, described later, is in use in all clinics.

## FURNITURE, SIGNS, MAPS, ETC.

Sec. 200. The furniture (desks, benches, stools, history cabinets, drug cupboards, etc.) are of metal enameled white.

Large wooden signs are hung on the walls of the waiting rooms, giving the following instructions in English, German, Italian and Yiddish:

DO NOT SPIT ON THE FLOOR OR INTO ANYTHING EXCEPT THE PAPER HANDKERCHIEF GIVEN YOU FOR THE PURPOSE. WHEN YOU COUGH, HOLD THE PAPER HANDKERCHIEF BEFORE YOUR MOUTH; USE IT ALSO FOR WIPING YOUR MOUTH OR NOSE AFTER SPITTING OR SNEEZING. DO NOT SPIT ON THE FLOOR OR INTO ANYTHING EXCEPT THE PAPER HANDKERCHIEF, WHICH IS THEN TO BE PUT IN THE PAPER BAG AND NOT USED AGAIN. MEN ARE FORBIDDEN TO SMOKE OR WEAR THEIR HAT WHILE IN THE CLINIC.

Framed maps showing the districts and location of all tuberculosis clinics in all Boroughs hang on the walls of the registration rooms. Each clinic has also an enlarged compo-board map of its district, on which are indicated, by means of colored pins (red, children; blue, adults), the current cases in attendance at the clinic. Each clinic is also furnished with a large framed chart giving the requirements of the various sanatoria receiving cases from New York City.

Separate lavatories are provided for men and for women patients.

Individual paper drinking cups are furnished to

tients for drinking purposes and destroyed after use.

All floors and metal furniture are cleaned every morning, and the buildings are disinfected with formaldehyde gas every two weeks. The gowns supplied are disinfected at the same time, before being sent to the hospital laundry of the Department of Health. All laundry must be plainly marked and accompanied by an invoice.

### FORWARDING OF REPORTS.

Sec. 201. All reports (other than daily reports to Branch Office), time sheets, notifications of absence, recommendations for exclusion or readmission to school, requisitions, inventories, prescriptions, etc., are forwarded through the local Branch Office and Borough Chief to the Executive Office at Department Headquarters. All blanks, supplies, etc., pertaining to the work of the tuberculosis clinics are issued on requisition, and all requests for information, histories, records, etc., are handled by the Executive Office. All records of cases transferred to non-Department clinics are filed in this office.

### DAILY REPORT TO AND FROM THE BRANCH OFFICE.

Sec. 202. Each day the clinic forwards to its Branch Office a report (Form 94 L) of all new cases of tuberculosis seen or diagnosed during the preceding twenty-four hours; all cured cases and those, previously reported as tuberculosis, found to be free from tuberculosis; all changes of address and other important data furnished by the patients themselves; and all cases discharged for non-attendance. A simi-

lar report (Form 89 L) is received daily from the Branch Office giving all information regarding cases of tuberculosis living in the clinic district, received at the Department of Health during the preceding twenty-four hours; new cases reported by sputum examination, postal cards from physicians, complaints; all cases reported by the Hospital Admission Bureau as having entered or been discharged from hospitals or sanatoria, and applicants for hospital care; all deaths from tuberculosis; and all cases transferred from other tuberculosis clinics. These cases are looked up in the clinic records and proper entries made.

### REPORTS TO HEADQUARTERS.

Sec. 203. Each clinic reports daily by telephone to the Executive Office the number of new and old cases seen the previous day, and absences and return to duty of clinic employees. A weekly report of the work performed is also forwarded, and a monthly report to the Association of Tuberculosis Clinics.

### TABULATION OF STATISTICS.

Sec. 204. A current statistical tabulation sheet (Form 268 L) is maintained in each clinic on which are entered the more important facts regarding every case of tuberculosis. To prevent duplicate tabulation when cases are transferred to other clinics the word "tabulated" is stamped on the history envelope. At the end of each year these figures are summated.

### ROUTINE PROCEDURE.

Sec. 205. The name, address, age, sex, nationality, employment, history number and clinic class of every



new applicant is entered in a journal (Form 218 L); so the history number, sex, class and diagnosis of every patient returning for treatment. The entries on each day for morning, afternoon and night classes have separate headings. The totals for each day are entered in a daily record sheet (Form 73 L). A positive diagnosis of tuberculosis is only recorded after being confirmed by (a) re-examination by another clinic physician; (b) the presence of tubercle bacilli in the sputum; (c) re-examination at the Hospital Admission Bureau; or (d) admission to a tuberculosis hospital or sanatorium. Such confirmation is entered in the journal after the diagnosis. "O. K." for re-examination; "X" for positive sputum.

An admission card (Form 7 L), numbered to correspond with the history, with an envelope for the same (Form 92 L), a sputum jar and a paper handkerchief and waterproof bag are given to each new patient, together with instructions as to care of expectoration, coughing, etc.

All information on the front of the primary history card (Form 104 L) is obtained by the registration room nurse, who observes the following instructions in taking the patient's history.

### INSTRUCTIONS FOR HISTORY TAKING.

Sec. 206. The clinic case number is to be entered in every instance.

The date is to be stamped plainly.

The number denoting class is to be used, but the physician's name is to be entered by himself.

The name and address of the patient are to be given in full, plainly and correctly.

Ground or stoop floor is "first floor"; one flight is "second floor," etc.

State "family" if patient lives at home; name of landlord, if boarding.

Give name and address of person referring patient to clinic; use abbreviations if referred by an organization.

Give reason for coming—treatment, diagnosis, admission to hospital, Ray Brook or Otisville.

In stating nationality, if Hebrew give country, e. g., Russ., Hebr.; if mixed parentage give both, as Am.-Germ.

Give occupation followed during period previous to illness.

In obtaining family history, inquire as to cardiac or renal disease among relatives and their age at death; the same for pulmonary tuberculosis or any pulmonary disease. (If all immediate relatives are living and well, say so.)

Give date of contact with any other case of tuberculosis.

Inquire carefully as to colds, sore throat, influenza, pneumonia, pain in chest, and give date and duration.

Inquire as to other diseases, operations, etc., with particular reference to pulmonary history. Scars, wounds or cut fingers are not important.

Personal habits include excesses in any form; drugs, or alcohol to excess at any time; do not write "none" if history shows alcohol taken in the past; the same for tobacco.

Inquire as to previous treatment in any hospital, dispensary or by a private physician, and nature of illness; date and duration; condition on discharge; stay in country, date and duration, improved or not; gain in weight.

Present illness, taken generally, means probable pulmonary tuberculosis. Find out the earliest possible symptom, such as loss of weight, loss of strength, loss of appetite, pain, occasional cough, convalescence from other diseases as pneumonia, typhoid, influenza, pleurisy.

In inquiring as to initial symptoms remember that pulmonary tuberculosis does not *begin* with hemorrhage or night sweats, and seldom with cough. Make answers cover as nearly as possible the whole period of illness, and not only the day on which patient applies for treatment. If the patient wishes examination, but says he is not ill, remember that unless he probably had good reason for applying for treatment, he would not have done so. Every patient can tell to what cause he attributes his illness.

Give the earliest date when pulmonary tuberculosis became evident by physician's examination or by definite symptoms.

Describe the various complaints of the patient in the proper spaces: cough, weakness, dyspnoea, pain in the chest, loss of flesh, etc.

Try to obtain the normal, not the maximum weight. Give date of onset of throat symptoms.

State whether appetite is good, bad, failing, improving.

Indigestion, whether acute or chronic.

Constipation, whether recent or habitual.

Diarrhoea, whether occasional, severe, and for how long.

Sleep, whether normal or disturbed.

State whether fever is recent, for how long, marked, or slight, and time of day it occurs.

Chills, whether slight or severe, and for how long.

Night sweats, whether copious, severe, occasional or cold.

State degree of weakness, for how long, and usually in afternoon.

Inquire as to severity of cough during day or night and spasmodic vomiting after cough,

Give number of ounces of expectoration in twenty four hours (estimated), watery, purulent, or hard to raise.

State degree of dyspnoea, whether it appears on exertion or is constant, and whether recent or of long standing.

In questioning as to haemoptysis be sure that epistaxis is not mistaken for haemoptysis; give date of each attack and amount of blood (estimated).

Give location of any pain complained of.

It is not enough to write down just the answers of the patient. What are needed are facts. No history at all is better than a faulty one. Go over the questions again and again if necessary. Remember that what is important to the physician often appears of no consequence to the patient. Most important are possible sources of infection, contributing illnesses, and the earliest symptoms and date of failing health.

## SYSTEM OF FILING HISTORIES.

Sec. 207. All histories, together with the later history card (Form 68 L), throat history (Form 99 L), agram card (Form 211 L), and clinical record (sputum, blood, urine, X-ray) (Form 212 L), are filed according to year and number in a special envelope (Form 77 L). These cards are all of uniform size (8 inches by 5 inches), and are of different colors as to be readily distinguished.

The following system of filing is used:

(a) Current cases under observation. These are kept in the registration room, filed in four groups a week each—*i. e.*, those who have called three weeks, two weeks and one week previously, and during the current week. The cases are shifted to the current week as they visit the clinic. In each group the histories are filed according to year and serial number.

(b) All records of discontinued cases (non-tuberculous, discharged, in hospital, not found, etc). These are filed in one index in the record room, according to the year first coming under observation, and by number under each year.

(c) Dead cases (obtained from daily report from Borough Office).

A name index (Form 242 L) is also kept, the abbreviation "tbc." being entered on each card as soon as that diagnosis is made. In all cases referred to the clinic, the physician or institution referring the case is notified by letter from the Executive Office of the result of the examination.

## APPLICANTS LIVING IN OTHER CLINIC DISTRICTS.

Sec. 208. All applicants who live in other clinic districts are at once referred to the clinic of their district, the physicians' report (Form 158 L) being forwarded to the latter. Such transfers are entered on the daily report to the Branch Office, forwarded to the Borough Office, and thence to the Branch Office of the district in question. The district nurse visits the applicant at once and urges him to attend the clinic in his district. The histories of all applicants who do not reside in the clinic district are forwarded to the Executive Office, and from there to the proper clinic. In Manhattan, where a number of the non-Department clinics do not exchange records, the histories of cases living in the districts of such clinics are filed in one central file at Department Headquarters.

## NON-TUBERCULOUS APPLICANTS.

Sec. 209. If an applicant for examination is apparently not tuberculous, a skeleton history is made out by the nurse and sent to the physician, who decides as to the final disposition of the case.

## ROUTINE EXAMINATIONS OF BAKERS, ETC.

Sec. 210. The routine examination by the Department of Health of all employees of bakeries was instituted in September, 1913. Each baker is referred by card (Form 274 L) for examination to the nearest clinic of the Department of Health and the result of his examination is certified to on cards (Form 119 L) prepared for that purpose. No person who has an infectious disease is permitted to work in a bakery.

No person suffering from active tuberculosis



allowed to engage in occupations involving handling food or drinks.

## EXAMINATION OF APPLICANTS FOR PEDDLER'S LICENSES.

Sec. 211. Applicants at the Bureau of Licenses for permission to peddle, keep stands, or serve as public porters, fall into the following groups:—

(a) To peddle (with horse and wagon, push cart or basket).

(b) To maintain stands for the sale of newspapers, fruit and soda water, within the stoop line of buildings.

(c) To maintain newsstands under the stairs of elevated and railway stations and behind subway kiosks.

(d) To maintain stands for hack driving and express work.

(e) To act as public porters,

They are referred for examination to the nearest tuberculosis Clinic. The result of the examination is certified to (non-department clinics Form 87 L; Department Clinics Form 119 L), and where the applicant is found to have bacilliferous sputum the recommendation is made that the application for license be denied.

## RECOMMENDATIONS FOR HOSPITAL CARE.

Sec. 212. Recommendations by the attending physicians for the admission of cases to hospitals are referred to the Tuberculosis Hospital Admission Bureau through the local Branch Office, by means of a special card (Form 174 L) forwarded *in duplicate*.

Cases for Otisville, Ray Brook and other sanatoria are also referred *in duplicate* on special history card (Form 71 L) which are mailed direct from the Branch Office to the Tuberculosis Hospital Admission Bureau.

### SPUTUM AND URINE SPECIMENS.

Sec. 213. Sputum and urine specimens are placed by the patients in the covered box provided for the purpose, and at the close of the day are forwarded to the Diagnosis Laboratory, duplicate slips, numbered to correspond with the patient's history number, accompanying each [sputum, Form 261 L; urine, Form 96 L]. All results of examinations are entered on the clinical record card, which is filed with patient's history, and also in a sputum journal, according to case number. For a description of the method of examination of sputum at the Diagnosis Laboratory of the Department of Health, see (Monograph No. 1) on "Registration and Sanitary Supervision of Pulmonary Tuberculosis."

### REPORTING OF NEW CASES.

Sec. 214. All new cases of tuberculosis in which the diagnosis has been confirmed by re-examination by a second physician, or by tubercle bacilli being found in the sputum, are reported the following morning to the local Branch Office on the special blank "Daily Report to Borough Office" (Form 94 L) used for this purpose. The daily report of new cases, deaths, admissions to hospitals, changes of address, discharges, etc., from the Borough Office is in turn submitted daily to the clinic for correction of its records. Doubtful cases, later proving tuberculous

are similarly reported. All reports and recommendations are forwarded from the registration room by the Supervising Nurse to the Physician-in-charge.

## DEATHS.

Sec. 215. All deaths from tuberculosis, as reported daily from the Branch Office, are looked up in the clinic records; such histories are filed separately, and forwarded to the Borough Office.

## PROCEDURE IN EXAMINATION ROOMS.

Sec. 216. In the examination rooms the patients at their first visit are weighed, the body temperature, pulse and general condition noted on the history card; a complete physical examination is made, and the results noted on history card, and also on diagram card. On the later visit card a record is made of treatment ordered or of recommendations for X-ray examination, extra diet (milk and eggs, from the Auxiliary in Manhattan and the Brooklyn Bureau of Charities in Brooklyn), and admission to hospital.

## SYSTEM OF ABBREVIATIONS.

Sec. 217. The following system of abbreviations is used by the attending physicians to indicate the result of the physical examination.

Only the extent of lesion is shown on diagram card.




### INSPECTION:

Expansion .....	Exp.
Diminished .....	Exp. —
Absent .....	Exp. O.

## PALPATION:

Vocal Fremitus .....V. F.  
 Increased .....V. F. -  
 Diminished .....V. F. -  
 Absent .....V. F. (





## PERCUSSION:

Impaired .....  
 Dull .....  
 Flat .....

## AUSCULTATION:

Respiration .....R.  
 Harsh .....R. -  
 Diminished .....R. -  
 Absent .....R. (   
 Broncho Vesicular .....R. Br.  
  
 Expiration .....E.  
 Prolonged .....E  
 High Pitched .....E  
  
 Vocal Resonance .....V. R.  
 Increased .....V. R. .  
 Diminished .....V. R. -  
 Absent .....V. R. (   
 Bronchophony .....Bronchop

### Râles:

Fine .....  
 Medium .....  
 Coarse .. .....  
 Friction Sounds .....

## CONFIRMATORY RE-EXAMINATIONS.

Sec. 218. Cases thought to be tuberculous on first or later examination are at once referred to the other clinic physician on duty that day for confirmatory examination. If the diagnosis is confirmed, the second physician writes "O. K." and his initials after the original diagnosis on the history card. The first examiner must also enter the stage of the disease, using the classification adopted by the National Association for the Study and Prevention of Tuberculosis. Where the two physicians do not agree, the case is referred to the Physician-in-charge for final decision. All undiagnosed cases which have attended the clinic for a month or longer are also automatically referred to him for final diagnosis and disposal.

## INSTRUCTION OF PATIENTS—CIRCULAR.

Sec. 219. The patient receives thorough instruction from the attending physician as to diet, mode of living and exercise, special effort being made, where hospital care is indicated, to induce the patient to enter an institution. In addition a circular of instruction, "Advice for Patients," printed in English - German (Form 139 L), English - Hebrew (Form 147 L), and English-Italian (Form 155 L) is supplied.

## MEDICINES.

Sec. 220. Medicines are ordered on prescription (Form 74 L) from the clinic formulary (Form 258 L) and are supplied from the drug room, patients being instructed to wash empty bottles before returning same. Special prescriptions for medicines not in the formulary, after approval by the Physician-in-charge,

are obtained from the Drug Laboratory, through the office of the Chief of Division. A daily record is kept of the number and kind of medicines issued, and of medicines and supplies received, on a monthly loose leaf sheet (Form 132 L).

The weekly requisition for drugs (Form 3 Y) must reach the Executive Office by Wednesday morning. The monthly statement of drugs on hand (Form 154 L), together with all prescriptions for the preceding month, must be forwarded by the fourth of each month.

### THROAT EXAMINATIONS.

Sec. 221. Every new applicant is referred to the throat room for examination and treatment. A special history card (Form 99 L) is used, on which treatment and later visits are recorded. Laryngologists dispense and are responsible for any cocaine issued, sending a voucher to the drug room each time.

### HOME VISITS BY NURSES.

Sec. 222. Every case of tuberculosis attending the clinic is visited at suitable intervals by the district nurse. Her report of the home conditions (Form 44 L) when forwarded from the Branch Office is submitted to the attending physician for his information and signed by him, any special information being added to the patient's history card for the information of the physician. The nurse repeats her visits at least once every two months, and much oftener if necessary. Pulse, temperature and respiration are taken at every visit. Reports of later visits are given on the daily report of the Branch Office to the Borough Office, which is submitted to the clinic.



each day, where reports are entered. Suggestions as to diet and general treatment are given by the physician to the nurse.

### DELINQUENT CASES.

Sec. 223. When patients fail to return to the clinic on the date set, a double return postal [English (Form 17 L) ; Italian (Form 276 L)] is sent them one week later, asking for reason of absence and date of return.

Each day a "delinquent case card" (Form 150 L) is filled out for every patient who has failed to return to or notify the clinic for a period of three weeks. This is forwarded at once to the Branch Office for investigation by the district nurse, who reports why patient failed to attend clinic, whether he will return, and when. Patients are not discharged for non-attendance until a delinquent card has been returned.

### STUDY OF CASES.

Sec. 224. In connection with the examination and treatment of the patients, the following points are observed: Each new patient is carefully studied, and at first and subsequent visits an earnest effort is made by the physician to gain that confidence and to exercise that moral control of his patient necessary for attaining good results. To this end, if it seems advisable, the patient is frankly told the nature of the disease, the result of the sputum examination, his weight, and the general prognosis. This information is, however, given only to patients or to those accompanying them.

The great importance of proper and sufficient food, fresh air and hygienic living is emphasized.

## FINAL DIAGNOSIS, LATER EXAMINATIONS.

Sec. 225. A final diagnosis is made in every case as soon as possible and is entered in the journal. At each subsequent visit of the patient, the body temperature, weight, pulse, medication and general condition are noted on the later history card (Form 68 L). The date of the next visit to be paid is also entered on the card, and a nurse personally notifies each patient. A complete re-examination of the chest with entry on diagram card, is made at least once every month. Patients are advised to return as frequently as the physician considers necessary, the interval between visits being not longer than one week. All patients remaining under treatment revisit the clinic on certain days and hours of each week, according to the special sub-district of the clinic district in which they reside. On that day and hour of each week the district nurse of that sub-district is on duty in the clinic; she thus gets in close touch with the patients, promoting the work of the clinic, and giving valuable information to the attending physician. When required to return for a special purpose (tuberculin test, radiograph, etc.), patients are given a special card (Form 5 L). Medical reports to the Executive Office on the physical condition of patients are also made on a special card (Form 87 L). No patient is refused examination and such medication as is necessary. Those having no tuberculous lesion are referred to general hospitals and dispensaries. If for any reason the physician considers that a tuberculosis patient should not receive further treatment, the matter is referred to the Physician-in-charge, with a brief statement of facts in the case. No patient with cough and expectoration is discharged as free from tubercu-

osis unless three negative sputum reports have been received, and the physical signs and general history warrant such action.

### CHARITABLE AID.

Sec. 226. Deserving patients who are in need are recommended for financial assistance by the attending physicians, and such recommendations are forwarded to the Branch Office and there submitted to the local Clinic Relief Committee, if one exists. If not, they are forwarded to the Charity Organization Society, Association for Improving the Condition of the Poor, United Hebrew Charities, Brooklyn Bureau of Charities, etc.

### CLINIC RELIEF COMMITTEES.

Sec. 227. At each clinic of the Department of Health, all recommendations for charitable aid are referred to and acted upon by the local Clinic Relief Committee, meeting once a week, and composed of the Physician-in-charge (chairman) and representatives of the Clinic Auxiliary, and of each of the three large private charitable organizations.

(There is one committee for both Bronx Clinics and none for the Queens and Richmond Clinics.)

### HOME VISITS BY CLINIC PHYSICIANS.

Sec. 228. Patients too feeble to attend the clinic are visited by a clinic physician, and medical care provided pending admission to a hospital. Undiagnosed cases refusing to return to the clinic and new suspected cases of tuberculosis are also visited by clinic physicians for diagnosis, all reports being submitted on a clinic diagram card (Form 211 L). They

may also be called on to examine other members of a consumptive family. Cases are assigned by the Physician-in-charge, and a record kept in the clinic journal.

### MILK AND EGGS.

Sec. 229. The Woman's Auxiliary of the Manhattan Tuberculosis Clinics of the Department of Health and the Brooklyn Bureau of Charities distribute one quart of milk and two eggs daily to each patient as long as required, and groceries and clothing in deserving cases.

### RULES FOR ATTENDING PHYSICIANS.

Sec. 230. The attending physicians arrive punctually at 10 A. M., 2 P. M. and 8 P. M., and must enter the time of their arrival and departure on the regulation time sheets kept in the registration room. They will remain until all patients, both men and women, have received attention. When work is light they may be assigned to visit undiagnosed cases. If for any reason a physician is prevented from attending his class, he must notify the clinic promptly by telephone.

Clinic physicians and laryngologists are required to devote four sessions of two hours each to the work of the Department of Health each week. Each physician can, therefore, devote at least two hours weekly to home visiting, in addition to his three clinic sessions, and is expected to make at least two home visits a week. Should more than two hours a week be required for such visiting, the surplus time may be deducted from the clinic work. Every visit made is to be entered on the back of the time sheet, the total time required being noted.

In every case of tuberculosis, institution care is recommended on the history, or the reason given for not doing so.

No tuberculous patients are discharged except by their own request. Previous to discharge, patients considered to be cured are examined and their discharge approved by the Physician-in-charge.

Prescriptions show the date, patient's clinic number, and the physician's signature. A new prescription must be written for each renewal. Each prescription is recorded on the history card in every instance. Prescriptions left at patients' homes are to be written on the official blank or on plain paper, never on the physician's private prescription blank.

If the physician desires that the patient should be revisited by the nurse, enter a hospital, receive charitable aid, be discharged from treatment or transferred to other classes, he states this fact on the history card.

The system of signs and abbreviations adopted by the Department of Health is used in all cases to indicate on the history diagram the result of the examination of the chest.

All patients are told to attend the classes at which the district nurse of their sub-district is regularly present. Patients applying for emergency treatment, however, are examined and treated by the physician to whom they may be temporarily assigned.

Medicines are supplied only to *bona fide* patients of the clinic. Prescriptions are not, as a rule, renewed except for patients personally attending the clinic or on presentation of their admission card,

by another, but exceptions are made for good reason and at the discretion of the attending physician. When the clinic formulary is not used, prescriptions must be approved by the Physician-in-charge.

## VOLUNTEER ATTENDING PHYSICIANS.

### PROBATIONARY PERIOD.

Sec. 231. Volunteer Attending Physicians to the Tuberculosis Clinics are appointed first for a probationary period of three months, during which period they are required to comply with all the regulations applying to salaried employees as to hours on duty per week; to submit time sheets every ten days and to forward notifications of absence and requests for leave of absence. Efficiency records of their service are kept, on which and on their length of service are based recommendations for their permanent appointment.

## APPOINTMENT AND PROMOTION OF VOLUNTEER ATTENDING PHYSICIANS.

Sec. 232. The appointment and promotion of Volunteer Assistant Attending Physician to the Tuberculosis Clinics has been made uniform with other appointments and promotions in the Department of Health *i. e.*, applicants for appointment, when approved by the Chief of the Tuberculosis Division and the Director of the Bureau of Infectious Diseases, are appointed by the Board of Health. Recommendations for their appointment to fill vacancies in the salaried staff are based on their efficiency records and on their length of service. Such vacancies are also advertised in the publications of the Department.



## CLINIC NURSES.

Sec. 233. All nurses assist in preparing clinic supplies when not otherwise engaged, and all maintain general supervision over the patients, seeing that they are supplied with sputum pouches, and use them, that they hold paper napkins before the mouth when coughing, that drinking cups are only used once and then thrown into the receptacle provided, etc.

## RULES FOR CLINIC NURSES.

Sec. 234. The white gowns furnished by the Department are worn while on duty. Nurses devote as much as is necessary of the first hour of each clinic day (*i. e.*, from 9 to 10 A. M., or 1 to 2 P. M.) to their work in the Branch Office, obtaining assignments, etc. At the night classes, nurses on duty report at 7.30 P. M.

One hour is allowed for lunch, but at least one nurse must always be in the registration room.

Each nurse sees that the supplies and instruments in the room under her charge are in good order.

Thermometers after use are wiped with a pledget of cotton saturated with boracic acid, then placed in a 1 to 20 carbolic acid solution. Before use they are washed in 95 per cent. alcohol.

All diagnostic instruments are wiped at the close of each day's session with a cloth wet with a solution of 1 to 100 carbolic acid.

During the noon hour all the windows and inside doors are opened for the airing and ventilation of the rooms.

At the close of each class, all histories are returned to the registration room.

## CIRCULAR OF INFORMATION.

Sec. 235. A "Circular of Information Regarding the Clinics for the Treatment of Pulmonary Disease (Form 60 L) is issued by the Department and distributed to physicians and those interested.

### THE WOMEN'S AUXILIARY TO THE TUBERCULOSIS CLINICS OF THE DEPARTMENT OF HEALTH.

Sec. 236. This association is made up of ladies interested in the work of the Manhattan Tuberculosis Clinics. Separate committees have been organized for each of the clinics, together with a central committee. The work of the Auxiliary includes:

1. The direction of the Tuberculosis Camp Middletown. This includes everything connected with the Camp, except medical care and supervision of the patients.

2. Furnishing charitable aid in worthy cases reported by the Manhattan Tuberculosis Clinics of the Department of Health; this takes the form of groceries, clothing, fuel, assistance with rent, etc. Nurses with a knowledge of social service are detailed to assist the Auxiliary at each clinic.

3. Furnishing outfits to indigent applicants for Otisville Sanatorium, and the Preventorium.

4. Supplying milk and eggs as extra diet, in suitable cases from the clinic, also modified milk from the Babies' Dairy, to the babies of clinic patients.

5. Co-operation with the local Clinic Relief Committees.

6. Maintaining and conducting the Chelsea Day Nursery at 346 West 27th Street, for the children of tuberculous parents.

## THE ASSOCIATION OF TUBERCULOSIS CLINICS.

Sec. 237. The Tuberculosis Clinics of the Department are members of the Association of Tuberculosis Clinics. This Association is composed of the tuberculosis clinics which divide the various Boroughs of New York City into districts, all applicants being referred to the clinic of the district in which the applicant lives; patients refusing to attend those clinics are visited by nurses of the Department of Health, and if in need of treatment are notified that they must attend the clinic, put themselves under the care of a private physician, or else enter a hospital or sanatorium. The children of those patients found to be tuberculous are also examined in these clinics. In Brooklyn, The Bronx, Queens and Richmond the only tuberculosis clinics are those maintained by the Department of Health.

The Department issues a circular of information regarding the Association of Tuberculosis Clinics (Form L) ; also reference cards used for transferring cases (Form 141 L) and folders for use by charitable organizations for referring cases to the clinics (Form 8 L).

Every clinic submits a monthly report to the Association. For complete list of names, addresses and hours of clinics, see Directory Sec. 2.

## DIVISION OF TYPHOID FEVER.

Sec. 238. The Division of Typhoid Fever is charged with the registration and sanitary supervision of all cases of typhoid fever occurring in New York City.

## CHIEF OF DIVISION.

Sec. 239. The Chief of Division exercises general supervision over all matters pertaining to the work of his Division throughout the City.

## OFFICE OF CHIEF OF DIVISION.

Sec. 240. In the office of the Chief of Division the accuracy of statistical figures is supervised and the results of the various activities in the Borough and Branch Offices are carefully tabulated for the purpose of bringing out the essential factors in the causation and control of infection.

## TYPHOID CHARTS AND TABULATIONS.

Sec. 241. A chart is kept showing the number of cases reported daily and weekly from each Borough and from each ward therein, the corresponding figure for the year previous, and the averages for five years by wards and boroughs.

## MAPPING OF CASES.

Sec. 242. Each case reported is at once plotted on a large compo-board map of the Borough by colored tacks indicating the possible sources of infection as follows:

Red—Out of city during the incubation period.

Yellow—History of exposure to typhoid fever.

Blue—All other sources of infection.

Two such maps are kept for each Borough, one showing all cases for the calendar year and the other current cases only. A map showing business address of each case is also kept.

There are also kept: (a) a tabulation for each Borough showing the most important features related in the histories.

(b) A chart for each Borough showing the number of cases using milk from the various wholesale milk dealers. This is so arranged as to show the age, onset and locality (district) for each case.

(c) A chart showing the number of cases using milk from the various country creameries.

Any localized or general increased prevalence is thus speedily brought into prominence, its cause is sought for, and reports and recommendations regarding any needful action by the co-ordinate branches of the Department, or if necessary by other City Departments are made to the Director.

A daybook is kept containing the name and address of each case reported, the date of assignment to the inspector and the date the history is received in the Office of the Division of Typhoid Fever.

A record is kept in a "suspected case" book of cases of typhoid fever in which there is a positive diazo reaction in the urine only, and of those in which the Widal test is negative, but a positive clinical diagnosis has been made by the attending physician. If the diagnosis is not confirmed by a postal from the physician or positive blood specimen, within one week of the receipt of the original laboratory specimen, the attending physician is communicated with by telephone to obtain his opinion as to the disposal of the case as true or false.

A journal is kept of all immunizations against typhoid fever together with the number exposed and immunized for each case.

The typhoid fever histories are forwarded after the first inspection, directly to the office of the Division of Typhoid Fever by the Branch Office. Six weeks later the final history of the case is obtained by letter, the physician or hospital being requested to furnish information on a special blank (Form 67 L) as to subsequent course and outcome of the case. Should no reply be received within one week, the case is re-assigned to an inspector, who visits the attending physician or the hospital (with the consent of the attending physician) and ascertains whether there was: (1) recovery or death; (2) relapse; (3) perforation; (4) hemorrhage; (5) whether sequelae developed, and (6) the duration of the illness in week-periods based on the date of onset, and date temperature reached normal. A letter (Form 181 L) is sent to all physicians reporting cases more than two weeks after the onset of the disease, requesting an explanation of the delay. When all the above data regarding a terminated case are received they are duly entered on the history card, which is then sent to the Borough Office for the terminated case file.

The office of the Division of Typhoid Fever makes the following reports: (a) A weekly report showing the average daily time of inspectors in the field, and the number of visits and immunizations performed (Form 171 L); (b) a weekly report in duplicate showing the number of typhoid fever cases in each Borough and in the City, as compared with corresponding periods for the previous year and the average for five years; (c) a weekly report in triplicate showing the cases in each Borough by districts (Form 183 L); (d) a monthly report showing the average daily time for each inspector; and (e) annual and semi-annual re



ports analyzing and summarizing the work performed, with a brief but adequate discussion of all matters of special interest.

## **TYPHOID FEVER NOTIFICATION AND REGISTRATION.**

Sec. 243. Notification: The procedure for notification has already been described (Secs. 38, 39).

### **REGISTRATION.**

#### **BOROUGH OFFICE.**

All cases are reported to the respective Borough offices, there compared with the current envelope case files of infectious diseases and then telephoned daily at 8.30 A. M. to the proper Branch Offices, where they are assigned to the inspectors, and nurses for inspection and sanitary supervision. The original postal and laboratory reports (Forms 7 J, 126 L, 11 L) are filed in envelopes (Form — L) in the current case file and the case is entered in the house file. When the cases are terminated, and the histories are returned from the Office of the Division of Typhoid Fever they are placed in the envelopes containing the original reports and refiled in the terminated case file, thus completing the record for each case.

Each Borough Office submits and records the following reports: (a) Daily telephone report to the Central Executive Office by 9.15 A. M.; (b) weekly summary of the number of cases of typhoid fever; (c) daily report of name, age and address of all new cases (dead and living) of typhoid fever reported to the Manhattan Borough Office for printed school list; (d) monthly report showing correct number of cases

and deaths of typhoid fever, to the Executive Office [NOTE.—The monthly records are held open until the 8th of the following month to allow for the deduction for “no cases,” all of which are deducted from the figures of the month in which they were originally reported. All “no case” reports received after the expiration of the month are reported as of the last day of the expired month.] A duplicate report card is made out and forwarded daily to the Typhoid Division for each case of typhoid fever reported, whether by postal, positive blood specimen, telephone complaint or otherwise.

All reports of cases are acknowledged by postal.

### BRANCH OFFICES.

Sec. 244. These offices receive their new cases daily at 8.30 A. M. and assign them to the medical inspector, who calls each morning. His daily report (see Sec. 246), when completed, is forwarded direct to the Office of Division of Typhoid Fever. The typhoid inspector reports, and is directly responsible to the Chief Division of Typhoid Fever.

A history card (Form 184 L) is made out for each case. On completion of the investigation, it is returned to the Branch Office, where it is scrutinized for:—

(a) Non-observance of precautions. Such cases are then visited by a nurse to see whether precautions as outlined on hanging card have been instituted since the inspector's visit. If these measures are in force she will revisit weekly to insure their continuance. If precautions have not been instituted, she will repeat the instructions and revisit at an early date. Continued negligence will then be reported by telephone.

to the Typhoid Office by the Physician-in-charge of the Branch Office followed by a written report (Form 3 L).

Revisits are assigned by means of the Branch Office daily file, a subsequent history card (Form 267 L) being made out by the nurse and forwarded to the office of the Division of Typhoid Fever on termination of the case.

(b) For cases using milk purchased from stores; such cases are immediately telephoned to the Officer-in-charge of the Sanitary Squad of Police in the Borough for investigation, giving name and address, date of onset and name and address of milk stores.

The history cards (Form 184 L) should be forwarded daily to the office of the Division of Typhoid Fever.

#### INVESTIGATION OF MILK STORES.

Sec. 245. These are investigated by sanitary patrolmen who report on milk history card (Form 252 L), the condition of the stores and the source of the milk supply in the city and in the country as shown by the milk tags kept on file in each store. These reports are forwarded direct to the Office of the Division of Typhoid Fever.

Any unsanitary condition or violation of regulations is included in the report which is made out in duplicate, and promptly forwarded to the Division office. One copy is immediately delivered to the Bureau of Food Inspection.

#### INVESTIGATION OF CASES BY TYPHOID INSPECTOR.

Sec. 246. The inspector visits the homes of patients, including those in hospitals (with the consent of the

attending physician), and obtains all required information. He investigates the milk supply, states specifically whether the milk was bottled or loose, whether purchased from a wagon or store and gives the name and address of the dealer. (Whenever the inspector finds two or more cases that have purchased milk from the same store, he immediately notifies the office of the Division of Typhoid Fever by telephone.) He distributes hanging card of instruction (Forms 178 L, 136 L, or 198 L.)

Whenever proper precautions are not being observed the inspector makes a special report (Form 3 L) giving particulars and making recommendations. If the necessary precautions cannot be observed, or are willfully disregarded, the case may be removed to hospital, in accordance with the Sanitary Code (see Sec. 4 H). If the patient is ill at home, the inspector makes certain that all precautions against the spread of the disease are being observed, gives verbal instructions where necessary, and in any event leaves a copy of the hanging instruction card, printed in English, Italian, German and Yiddish, entitled "How to Avoid the Contraction and to Prevent the Spread of Typhoid Fever." (Forms 178 L, 136 L or 198 L)

Whenever two or more cases are reported in the same family or home, the inspector makes a similar report, showing the connection, if any, between the cases. Inspector's complaints as to unsanitary conditions are forwarded to the Division of Inspection for further action. If flies are numerous on the premises, the existence of a stable in the immediate vicinity is sought for. If found, inspection of the stable for possible violations of the provisions of the San

ry Code dealing with the disposal of manure is commended, and verbal and written instructions (Form 53 A) given regarding the danger of the spread of the disease by flies. The histories are returned to the inspector to the Branch Office the following morning.

## ANTI-TYPHOID IMMUNIZATION.

Sec. 247. The typhoid inspectors, upon request and with the approval of the attending physician, perform anti-typhoid immunization. Applicants for immunization having no attending physician may have it done at the Headquarters of the Department and at general dispensaries. The culture is furnished free to physicians and dispensaries. Requests are received by telephone or letter. The culture used is a suspension of typhoid bacilli of weakened virulence, killed by heat. Three inoculations at intervals of from seven to ten days are given, the first dose being 500,000,000 killed bacilli and the two later doses 1,000,000,000 killed bacilli. For persons employed in business, successive Saturdays are convenient times. The inoculations are given with a hypodermic syringe, the injections being made at about the insertion of the deltoid muscle. If the injection is given at 4 P. M., the reaction, if any, will occur at bedtime. Careful antiseptic precautions must be observed. The probability of the occurrence of a reaction and its nature should be explained to the patient. The injection causes some pain, which quickly subsides. After a few hours a red, tender oedematous area, several inches in diameter, develops at the site of injection. There may also be headache, malaise and fever. But neither the local

nor general reaction should cause alarm. There is a relation between the fever and reaction, and the amount of immunity conferred. Anti-typhoid immunization should only be performed in healthy subjects who have previously undergone a thorough physical examination.

No person having or suspected of having tuberculosis in any form, should be immunized.

The inspectors offer immunization to all members of every family in which a case of typhoid fever occurs, subject to the approval of the attending physician.

Placards (Form 262 L) recommending anti-typhoid immunization are distributed to dispensaries for the information of the public.

The Research Laboratory supplies the necessary three doses of culture either in individual vials, or 10 c.c. vials. The inspector forwards a report of each case immunized (Form 245 L) immediately after the third inoculation. A circular of information (Form 250 L) is issued and distributed.

A circular of condensed information, printed in four languages, for "the man in the street," is also distributed (Form 281 L.)

### SPECIAL INSTRUCTIONS FOR TYPHOID INSPECTORS.

Sec. 248. The day the patient went to bed is to be considered as date of onset. In very mild or ambulatory cases, the inspector will use his judgment. The date physician was called must be given and also date prodromal symptoms were first noticed. In final



spectations, the date temperature reached normal must be given.

If the disease was not contracted on the premises, the previous address is to be given.

Full details, including dates of onset, are to be given of other cases in family or elsewhere, where there is likelihood of infection by contact.

Any one who regularly takes raw milk as a beverage, if only one or two glasses a week, is to be considered as an "Habitual milk drinker," but the source of milk supply is to be given in every case regardless of habits of patient.

Inclusive dates when patient was out of town are to be given. If patient was away for only a day or part a day, that fact is to be plainly stated.

Special care must be taken in obtaining data as to occupation. A general term such as clerk must not be accepted.

## DISINFECTION.

Section 249. For regulations governing disinfection cases of typhoid fever, see Sec. 96.

## QUARANTINE.

Sec. 250. The regulations governing quarantine cases of typhoid fever in the rear of stores, among food handlers and in the family of a janitor or superintendent are the same as obtain in other infectious diseases. No convalescent, whose business has to do with food products, may return to work, until examination of stools and urine show typhoid bacilli to be no longer present.

## DIVISION OF NURSING.

### SUPERINTENDENT OF NURSES.

Sec. 251. The Superintendent of Nurses has charge of all nurses in the Bureau of Infectious Diseases. She is responsible for their punctuality and attendance, reporting all absences and returns to duty, making all assignments and details. She submits the following report:—

Each Monday a weekly report to the Executive Office of the work of the district nurses for the preceding week (Form 142 L).

A daily telephone report to the Executive Office of all absences from and returns to duty.

A monthly report of the total number of hours duty of each nurse.

She maintains a loose-leaf weekly record of the work of every district nurse (Form 98 L).

She also submits an annual report of the work under her charge to the Chief of Division, takes inventories of her stock of blanks at stated intervals and keeps a diary of current events.

She holds a weekly conference with the Supervising Nurses at which all new procedures are discussed, new orders transmitted, etc.

### SUPERVISING NURSES.

Sec. 252. In each district of each Borough one nurse is detailed as Supervising Nurse. She is under the immediate direction of the Physician-in-charge of the district, and is also responsible to the Superintendent of Nurses. She has general supervision of the work of all nurses detailed to the district and

clinic. She submits a daily report (Form 259 L) to the Superintendent of Nurses. Her duties are to transmit orders; to make visits with and instruct new and less competent district nurses; to investigate daily reports of district nurses and voluntary renovations reported by them; to visit cases under observation, and report as to condition; to hold weekly conferences with her nurses, and discuss various topics connected with the work; to supply nurses with cards, blanks, etc.

## REGISTRATION AND CLINIC NURSES.

Sec. 253. Registration nurses in Branch Offices are responsible to the Supervising Nurses for the accuracy and completeness of all reports and files located in their district unit.

The nurse in charge of the Clinic is responsible to the Supervising Nurse for the accuracy and completeness of the records and files of all cases of pulmonary tuberculosis cared for by the clinic.

## DISTRICT NURSES.

Sec. 254. The duties of the district nurses are divided into home visiting in cases of tuberculosis, scarlet fever, measles, diphtheria, cerebro-spinal meningitis, acute poliomyelitis, whooping cough, typhoid fever, and also tuberculosis clinic work. In the clinics the nurses receive patients and prepare them for physical examination by the physician; take temperature, pulse, respiration, weight and height, supply patient with literature in their own language and instruct them in the necessary sanitary precautions which they should observe.

The district work consists in the sanitary supervision of patients suffering from infectious diseases and in the instruction of the patients and their families in methods of prevention of disease, and of efficient isolation, disinfection, etc. Plans for social betterment frequently originate from these home visits.

### DISTRICT NURSES' OUTFIT.

Sec. 255. When on duty in her district every nurse carries with her:

Clinical thermometer.

Watch with second hand.

Fountain pen.

History cards (Forms 44 L; 184 L and 20 J).

Cards for referring patients to clinic (Form 141 L).

Circulars and hanging cards for information regarding infectious and contagious diseases (see Sec 4 A, 4 B and 4 C for list).

Sputum bags and paper napkins.

Blue clinic information cards (Form 149 L).

Sputum bottles.

Notification postal cards (Form 5 J).

School exclusion and re-admission cards (Forms 14 J and 7 J).

School exclusion report to Bureau of Child Hygiene (Form 151 J).

Placards (Forms 113 L; 44 J; 47 J and 120 J).

Fumigation cards (Forms 232 L and 94 J).

Hand Book of Bureau (Form 202 L).

Each nurse should also have a supply of:—

Daily report cards (Form 259 L) or time record (Form 23 A).

Renovation orders (Form 48 L).

Notification of absence blanks (Form 21 C).

Reserve stock of various cards and printed forms used.

All above supplies to be obtained from her Super-  
sizing Nurse.

## GENERAL DUTIES OF DISTRICT NURSES.

Sec. 256. All district nurses should thoroughly familiarize themselves with all sections of the Handbook of Bureau of Infectious Diseases (Form 202 L), which pertain to their work. They should also be familiar with the system of registration employed in the Branch Offices and Clinics.

Every district nurse is expected to be on duty at least six hours daily, exclusive of one hour for lunch on Saturdays, three hours daily). The Department badge is to be worn when on duty.

Nurses must wear suitable clothing.

## NURSES' DAILY REPORT.

Sec. 257. Every nurse not on exclusive clinic or office duty in the Branch Office, submits a daily report of her work for the preceding twenty-four hours (Form 259 L). This report gives date, name and district of nurse, total number of new visits, revisits, the name and address of each patient visited and the hour when nurse reached the premises. On the reverse of the card is given a summary of the day's work, and the total number of hours on duty subdivided into (1) on district, (2) at clinic, and (3) at Branch Office. It is made out in advance each morning, every assignment and its nature being en-

tered thereon, and is left at the Branch Office. The next morning the hour of arrival at each address entered. The report card is then forwarded to the office of the Superintendent of Nurses. There it is filed with the other daily reports of that individual nurse for the current week.

### NURSES' WEEKLY RECORD.

Sec. 258. At the close of each week, the totals of the various items in the summary on the daily reports are entered on a weekly record sheet (Form 98 L), in the office of the Superintendent of Nurses. A separate sheet is kept for each district nurse, and it shows at a glance the amount and kind of work being done by each nurse. Each sheet covers a period of fifty-two weeks.

### DIVISION OF VENEREAL AND VETERINARY DISEASES.

Sec. 259. The Division of Venereal and Veterinary Diseases is charged with the registration and sanitary supervision of 'syphilis and gonorrhoea, conducting Diagnostic Clinics for these diseases; the sanitary supervision of glanders, rabies and other infectious diseases in animals; it conducts Anti-rabic Clinics for the administration of anti-rabic treatment; and also conducts the Serological Laboratory.

### CHIEF OF DIVISION.

Sec. 260. The Chief of Division exercises general supervision over all matters pertaining to the work of his division throughout the city. He submits a weekly report (Form 254 L) of the work of the Division.



## VENEREAL DISEASES.

Sec. 261. On February 20, 1912, the Board of Health of the Department of Health of New York City adopted the following resolutions:

On and after May 1, 1912, the superintendents or other officers in charge of all public institutions such as hospitals, dispensaries, clinics, homes, asylums, charitable and correctional institutions, including all institutions which are supported in whole or in part by voluntary contributions, are required to report promptly the name, sex, age, nationality, race, marital state and address of every patient under observation suffering from syphilis, in every stage; chancroid, or gonorrhoeal infection of every kind (including gonorrhoeal arthritis), stating the name, character, stage and duration of the infection, and the date and source of contraction of the infection, if obtainable.

All physicians are requested to furnish similar information concerning private patients under their care, excepting that the name and address of the patient need not be reported. Cases of venereal disease are entered in the Journal of Infectious Diseases (Form 191 LL), which is furnished to every institution (see Sec. 122); at stated intervals an institution inspector calls and copies the information on report cards (Form 191 L), which are forwarded to the Division of Venereal Diseases. All physicians in New York City have been requested by letter, to report their cases of venereal disease, a report card accompanying each letter.

## REGISTRATION.

Sec. 262. The reports of venereal diseases are filed in a special envelope (Form 168 L) and kept under

lock and key. The institution reports are filed alphabetically according to the name of the patient. The cases reported by the private physicians are given a case number for identification purposes, by which they are filed. The receipt of such cases is acknowledged (Form 51 L), the physician being given the case number for future reference. A daily journal is kept of cases of venereal disease reported by physicians and institutions.

### INSPECTION OF CASES.

Sec. 263. All complaints regarding cases of venereal diseases are immediately investigated by an inspector of the Department, who submits a written report (Form 3 L). No further action is taken in cases found to be under the care of private physicians or regularly attending dispensaries. Cases under no medical supervision are advised by the inspector to attend the Diagnostic Clinics of the Department of Health. Here, according to their circumstances, they are sent to dispensaries or given lists of private physicians living in the neighborhood of their home, from whom to receive treatment.

### MEDICAL ADVISER.

Sec. 264. The co-operation of the Bureau of Social Hygiene has made it possible to appoint a Medical Adviser as well as to conduct a Serological Laboratory.

The Medical Adviser sees only those patients who having no physician (notices to this effect being sent to physicians) (Form 169 L), come to the Department of Health for advice. Under no circumstances does he see or interview patients recommended by physicians to the Department for the purpose of having Wassermann

nann or complement fixation tests made, unless the physicians sending the patients, specifically ask that patients be advised, or directed to clinics, etc.

If patients who have no physicians come to the Department, these patients are given lists of private physicians or sent to approved Clinics according to their circumstances. [NOTE.—Clinics on the “approved list” must come up to standards set by the Department of Health. Clinics desiring to be listed are carefully investigated before approval is given.]

The Medical Adviser acts as a clearing house for patients having venereal diseases. *Under no circumstances is any treatment given.* He advises patients on sex subjects and informs them where to obtain sex literature and the cost thereof. Patients are also given leaflets of advice [(Syphilis, Form 224 L; Gonorrhoea, Form 223 L) and a Circular of Information Regarding Venereal Diseases (Form — L.)]

## DIAGNOSTIC CLINICS FOR VENEREAL DISEASES.

Sec. 265. Diagnostic Clinics for venereal diseases are held in Manhattan and Brooklyn. For addresses and hours see Directory (Sec. 2).

At each clinic there is a physician, a nurse and a clerk. Patients are referred to these clinics for the Wassermann test for syphilis and the complement fixation test for gonorrhoea. Patients may also be referred to the Manhattan Day Clinic for examination of freshly prepared specimens for the *treponema pallidum*. Only those patients who bring written requests from physicians or clinics are received for ex-

amination, and reports of the results of tests are sent only to the physicians referring the cases, and by mail only. All specimens sent to the Serological Laboratory are entered in a daily loose-leaf journal (Form 76 L)

## SEROLOGICAL LABORATORY.

Sec. 266. A Serological Laboratory is maintained at Department Headquarters, 149 Centre Street, Manhattan. The Laboratory consists of three examining rooms—a culture room, a sterilizing room and a room for the preparation of outfits for collecting specimens.

The Laboratory is open from 9 A. M. to 5 P. M. daily, Sundays and holidays excepted.

In the Serological Laboratory are made, free of charge, the following examinations for physicians and veterinarians: (a) the Wassermann test for syphilis; (b) the examination of smears for the presence of gonococci; (c) the complement fixation test for gonorrheal infection; (d) the examination of freshly prepared preparations from the active lesions, for the *treponema pallidum*; (e) the complement fixation test for glanders in horses. A daily journal is kept of the work performed each day. Outfits, with full directions for obtaining specimens, can be had free at any of the Department Supply Stations. (See Sec. 318.)

Serological specimens are prepared for examination the day on which they are received, and examined the following day.

Reports are made on the third day after the specimens are received at the Laboratory. At least five days should be allowed before a report is expected on

specimens sent through Department supply stations. All results are entered on a daily list (Form 180 L).

All information and all reports in connection with persons suffering from venereal diseases are regarded as absolutely confidential and are not accessible to the public nor are such deemed public records.

### WASSERMANN TEST FOR SYPHILIS.

Sec. 267. Outfits supplied to physicians for collecting blood specimens for syphilis, consist of: (1) a sterile needle; (2) a sterile tightly corked tube, all enclosed in a wooden box; (3) a history form (Form 163 L), and (4) instructions for collecting blood specimens (Form 233 L).

The results of Wassermann tests are reported to physicians by mail (Form 182 L).

As the specimens of blood to be examined for the Wassermann reaction deteriorate very quickly, and should be examined at the earliest moment, they are issued only to those supply stations visited daily by collectors of the Diagnosis Laboratory.

The Wassermann outfits are relatively costly, and, as is the case with other outfits supplied by the Department of Health, many are never returned to the Laboratory, being used by physicians and druggists for other than their intended purpose. The druggists are, therefore, required to obtain a receipt from the physician for each outfit issued. These receipts (Form 237 L), which are issued with the outfit, are forwarded through the collectors to the Laboratory. Should no specimen of blood be received at the Laboratory within a few days, the physician is communicated with by mail or telephone.



## INTERPRETATION OF THE WASSERMANN READINGS.

Section 268.

xxxx means VERY STRONGLY POSITIVE.

xxx means STRONGLY POSITIVE.

xx means POSITIVE.

x means WEAKLY POSITIVE.

x means DOUBTFUL.

— means NEGATIVE.

A diagnosis of syphilis should never be read from a weakly positive or doubtful reaction (x or x),

But in a known case of syphilis that has had specific treatment such a reaction would indicate the necessity of further treatment.

A weakly positive or doubtful reaction (x or x) where there is no specific history and where the test is made simply as an aid in differential diagnosis, is usually considered as negative.

A negative Wassermann reaction does not absolutely exclude the possibility of syphilitic infection.

## GONORRHEA.

### THE COMPLEMENT FIXATION TEST.

Sec. 269. The same outfits that are used for collecting blood specimens for the Wassermann test are used for the gonorrheal tests. The results of the complement fixation tests for gonorrhea are reported to physicians by mail (Form 199 L). The results of these tests are reported as Positive, Negative and Doubtful.



## SMEAR EXAMINATIONS FOR PRESENCE OF GONOCOCCI.

Sec. 270. Outfits for preparing smears for examination for the presence of gonococci consist of two clean slides in a wooden slide case, and a case history (Form 219 L). Complete directions for making smears appear on the reverse side of the history blank. Results are reported to physicians by mail (Form 220 L).

## SYMBOLS USED IN REPORTING RESULTS OF EXAMINATIONS OF GONOCOCCUS SMEARS.

Sec. 271.

x. Presence of Gram-negative intracellular diplococci having the morphological characteristics of the gonococcus.

—. Absence of Gram-negative intracellular diplococci having the morphological characteristics of the gonococcus.

S. Suspicious; for, while no characteristic diplococci are found, the number of pus corpuscles present suggest the possibility of gonococci being found in another specimen.

D. Doubtful; because the morphological characteristics of the cocci present are such as render their classification doubtful.

In all cases where the result of examination is unsatisfactory, the physician is urged to send in another specimen.

## TREPONEMA PALLIDUM EXAMINATION.

Sec. 272. In suitable cases, examinations of freshly prepared specimens for the *treponema pallidum* are made at the Department Headquarters Clinic, 149

Centre Street. As this test can only be satisfactorily made on freshly prepared specimens, it is necessary for the patient to appear in person at the Headquarters Clinic, between the hours of 9 and 11 A. M. A history (Form 235 L) is taken of each case and a report (Form 49 L) of the result of examination is made to the physician.

### ADVERTISING VENEREAL QUACKS.

Sec. 273. The following advertisement is carried in the daily papers as a part of the crusade against advertising venereal quacks: FREE advice regarding venereal diseases can be obtained at the Department of Health, 149 Centre Street, room No. 802, on Mondays, Wednesdays and Fridays from 2 to 4 P. M. and on Tuesdays, Thursdays and Saturdays from 9 to 11 A. M. All consultations are strictly confidential.

Tin signs bearing practically the same text are placed in toilets of restaurants, bars, railway terminals, elevated and subway stations.

### CIRCULARS OF INFORMATION.

Sec. 274. The following circulars of information are issued: Circular of Information Regarding Venereal Diseases (Form 164 L); Important Information Regarding the Wassermann Reaction for Syphilis (Form 172 L); Instructions to those having Syphilis (Form 224 L); Instructions to those having Gonorrhoea (Form 223 L).

Circular letters are from time to time sent physicians to acquaint them with the work and methods of the Department and to obtain their interest and co-operation.

## GLANDERS.

Sec. 275. Investigation of cases of glanders in horses is under the charge of the Chief Veterinarian. He submits a weekly report (Form 254 L). One or more veterinarians are on duty in each Borough Office. They submit daily reports (Form 165 J), which are summated on an individual loose-leaf sheet (Form 166 J) showing the work of that particular veterinarian for a period of fifty-two weeks.

Outfits for collecting blood specimens for the complement fixation test for glanders, consist of a tightly corked sterile bottle, and a case history (Form 122 L), with complete directions for collecting blood specimens on the reverse side. These outfits may be obtained by any veterinarian upon application to the Borough Offices of the Department of Health. The results of glanders complement fixation tests are reported (Form 213 L) to the veterinarians as positive, negative or suspicious. The final outcome of the case is reported to the Laboratory by postal (Form 121 L).

## GENERAL PROCEDURE.

### NOTIFICATION.

Sec. 276. Cases of glanders are reported to the Department of Health, either as clinical cases by letter or telephone, or by laboratory test.

### REGISTRATION.

Sec. 277. Each case is given a serial number by which it is filed. A case envelope (Form 69 J) is made out for every case, in which the history (Form 254 L) is eventually filed in the Borough Office. A special chart is kept in each Borough Office on which are entered the current data regarding each case.

## INVESTIGATION.

Sec. 278. All reported facts are entered on an assignment blank (Form 72 J), and the case is assigned by telephone to the proper Borough veterinarian who immediately visits the stable and takes blood specimens from every horse therein, and forwards same to the Serological Laboratory. He submits a report by telephone which is entered on the assignment blank. He also fills out and forwards history of the case (Form 234 L). All cases giving positive complement fixation test are checked with the ophthalmic mallein test (Form 126 J), condemned (Form 70 J), and turned over to the State Department of Agriculture for appraisal and slaughter. Stables are placarded (Form 4 J) to prevent other horses being taken in. In cases where the owner signs an immediate release (Form 21 J) the horse is slaughtered without State appraisal. Post-mortem examinations are held on all horses slaughtered by the State Department of Agriculture. All horses giving doubtful or suspicious reactions are held under provisional quarantine, and tested at short intervals until it can be decided whether or not they are glandered.

## DISINFECTION OF STABLES AFTER GLANDER.

Sec. 279. The veterinarian orders the necessary disinfection of stables (Form 71 J). All flooring and other woodwork that might be a source of danger removed and destroyed. The rest of the woodwork and all mangers, drinking troughs, hayracks, etc., not destroyed are thoroughly scrubbed with a stiff brush and a hot solution of sodium carbonate, one-third of a pound to the gallon. Harness, etc., is also scrubbed with hot soda solution.

## RABIES.

### GENERAL PROCEDURE.

Sec. 280. By virtue of the authority vested in the Department of Health by the Sanitary Code (See Sec. 279), all complaints of dog bites, or of suspected rabies are immediately investigated by the Division of Venereal and Veterinary Diseases and appropriate action taken. A weekly report (Form 254 L) is submitted.

### NOTIFICATION AND REGISTRATION.

#### NOTIFICATION.

Sec. 281. Complaints are received at the Borough Office by telephone, letter or personal visit.

#### REGISTRATION.

Each case is given a serial number by which it is filed. A case envelope (Form 32 J) is made out, in which the history (Form 248 L) and other reports are filed in the Borough Office. All current data are entered on a special chart in the Borough Office.

#### INVESTIGATION.

Sec. 282. Each case is entered on an assignment history blank (Form 73 J) and assigned to the Sanitary Police for investigation and report. The patrolman visits both the injured person and the owner of the animal; examines the animal for viciousness or any symptoms of illness, and if conditions warrant, orders the dog delivered for observation to the shelter of the American Society for the Prevention of Cruelty to Animals. The policeman reports to the Borough Chief (Forms 248 L and 73 J): (a) owner's statement; (b) statement of

injured person ; (c) whether dog is vicious, unhealth or probably rabid ; (d) whether this is the first time the dog has bitten anyone. In the Borough Office two files are kept ; one that gives the names of owners in cases of bites by animals owned by them (this file has been kept for years) ; the other gives the addresses of such owners. These, by cross reference, facilitate the discovery of previous offenses charged against animals. If the animal is rabid or "suspicious" the case is referred to a veterinary for diagnosis.

All rabid animals are at once destroyed and their heads forwarded to the Research Laboratory with a request (Form 33 J) for examination, whence a report is received (Form 16 J).

Vicious animals are destroyed, the Borough Chief forwarding a recommendation to that effect (Form 58 J). Before ordering the destruction of vicious animals, their owners are given a hearing, to ascertain whether there are extenuating circumstances, such as provocation by children, that they may be able to plead in the animal's behalf. Owner's consent for destruction of animals is obtained whenever possible. Stray animals that have bitten any person are forthwith destroyed.

Should the owner refuse to consent to its destruction, the animal is removed by the Department of Health.

All persons bitten by rabid dogs are referred to one of the Department's Anti-rabic Clinics for treatment, the family physician being notified. Persons refusing to attend Clinic are warned of the risk they incur, but no effort is made to compel them to undergo treatment. Patients who cease clinic attendance before



he course of treatment is completed, are visited by an officer of the Health Squad, who warns them of their danger and advises them to continue treatment.

## CLINICS FOR ADMINISTRATION OF ANTI-RABIC TREATMENT.

Sec. 283. For addresses and hours see Directory, Sec. 2.

## DIAGNOSIS LABORATORY.

### SCOPE OF WORK.

Sec. 284. The work of the Diagnosis Laboratory consists of:

The free examination for physicians of, (1) cultures from cases of suspected diphtheria, (2) sputum for tubercle bacilli, (3) blood for Widal reaction, (4) urine for Ehrlich's reaction, (5) blood for malarial plasmodia, and (6) spinal fluid for meningococci. The preparation and distribution to supply stations of diphtheria, sputum, typhoid (blood and urine), malaria, meningitis, gonococcus and Wassermann outfits.

### HOURS OF EXAMINATION, ETC.

Sec. 285. All specimens received during any given day are examined on the morning of the following day, and the results of examinations are reported by mail to the attending physicians by 1 P. M. Results of examinations of primary diphtheria cultures, and of typhoid, meningitis, and malaria specimens are telephoned to the attending physician if his telephone number is given. Diphtheria cultures are examined and reported on Sundays and holidays, as well as on week days.

The Laboratory is open from 7 A. M. until 5 P. M.; on Saturdays, Sundays and holidays from 8 A. M. until noon. The laboratory consists of the office of the Assistant Director, wash and sterilizing rooms, a sputum preparation room, a preparation room (for all specimens other than sputum), a large room where examinations are made, a very large laboratory where outfits are prepared, a store room, a lavatory and an office for the clerical force that sends out reports of the results of examinations.

### ROUTINE PROCEDURE.

Sec. 286. All specimens brought in for examination are taken to the proper room. There they are opened, dated, and slip and specimen marked with a corresponding serial "day" number. Slides, with corresponding day number, are prepared from the specimens on the day following collection. Results of examination are reported on special slips, hereinafter mentioned, or on a card (Form 201 L). After examinations are completed, specimens go back to the wash room to be sterilized in the autoclave and destroyed. All culture media and swabs are prepared in the large laboratory room. The entire laboratory is thoroughly cleaned every morning, beginning at 7 a. m. Floors and woodwork are washed with 5 per cent. carbolic acid solution, and desks scrubbed with scouring solution.

### DUTIES OF THE ASSISTANT DIRECTOR.

Sec. 287. The Assistant Director keeps a daily record (Form 22 LL) of work performed, and forwards a weekly report (Form 192 L) at 10 A. M. every Monday, giving number of culture tubes, swabs and other outfits prepared, collections made, and

microscopical specimens prepared and examined, classified as to their nature, results, and Boroughs. He also forwards an annual report of the work of the Diagnosis Laboratory, takes inventories of stock of blanks at stated intervals, and keeps a diary of current events.

## CIRCULARS OF INFORMATION.

Sec. 288. The following circulars relating to the general work of the Diagnosis Laboratory are issued: On the Work and Products of the Laboratories of the Department of Health" (Form 105 L); "Notice to Physicians Regarding the Work of the Laboratory" (Form 1 L). List of Supply Stations and Information Concerning the Bureau of Infectious Diseases (Form 206 L).

## DIPHTHERIA.

### OUTFITS FOR OBTAINING CULTURES.

Sec. 289. Outfits supplied to physicians consist of (1) culture tube (slant of Loeffler's blood serum,) (2) tube containing sterile cotton swab on wooden stick, (3) culture slips, giving full instructions and calling for necessary data, (a) white "primary slip" (Form 1 L) for first or primary cultures; (b) blue "later slip" (Form 26 L) for secondary or later cultures, and (4) a brown paper envelope (Form 195 L) to contain tube, swab and slip, directed to the Diagnosis Laboratory, Department of Health. The "primary" and "later" slips used in the various Boroughs and by the Department hospitals are stamped as follows in large letters to facilitate their ready recognition. Those in Manhattan unstamped; in Brooklyn, B.; in Queens, Q.; in Richmond, R.; in Bronx, Bx.; in King-

ston Avenue Hospital, K.; in Willard Parker Hospital, W. P.; in Riverside Hospital, N. B.; and in other institutions, C. Cultures taken in the Willard Parker, Riverside and Kingston Avenue Hospitals of the Department are also accompanied by a list (Form 281) giving name, address, and day number. This day number is given at the hospital, and marked on the culture slip and list.

## PREPARATION AND EXAMINATION OF CULTURES.

Sec. 290. Each "primary" culture tube, when brought in at night by the collector, is marked with a serial "day" number ("later" cultures with letters), placed serially in a rack, and incubated for about thirteen hours over night. In Brooklyn, Bronx, Queens and Richmond, this marking, and incubating, racking is done at the respective Borough Offices, and the cultures are brought to the Diagnosis Laboratory on the following morning. Preparation of specimens for microscopical examinations begins at 7 A. M. By means of a platinum loop, thin films of the growth in the culture medium are spread on glass slides (marked with corresponding day number or letter), three films on a slide, dried, fixed with heat, and stained with Loeffler's alkaline methylene blue solution. Microscopical examination begins at 8:00 A. M. at which time the slides, tubes, culture slips and lists are ready. Each specimen is examined by a bacteriological diagnostician. The diagnosis is reached by taking into consideration (a) the microscopical picture, (b) the cultured characteristics of the growth and (c) the clinical data as furnished by the physician.

## ABBREVIATIONS OF RESULTS.

Sec. 291. In the proper space on each slip are placed the date, result of examination, and initials of the diagnostician. The results are also marked on the lists. The following abbreviations are used:

"L" .....Diphtheria bacilli present.

"No L".....No diphtheria bacilli present.

"Unsat" .....Unsatisfactory, due to one of the three following conditions:

"Susp." .....Suspicious bacilli present.

"Contam." ....Culture contaminated.

"No Growth"..No growth.

In case of scanty or insufficient growth on the culture medium, the word "scanty" is written across the upper right-hand corner of the slip, and the culture tube put back in the incubator. Scanty primary cultures from cases with a clinical diagnosis of diphtheria, age less than eighteen years, and with media in good condition, are re-examined the afternoon of the same day (except Saturdays) and results reported. All others are examined on the next morning, after a preliminary report has been sent to the attending physician stating the cause of delay.

## TEST FOR VIRULENCE.

Sec. 292. Cultures showing apparently typical diphtheria bacilli are tested for virulence (1) on request of attending physician; and (2) in all cases where original clinical diagnosis of diphtheria was doubtful, and duration of disease is four weeks or over. The culture tube and a record of the case are sent to the Research Laboratory of the Department



of Health as soon as possible. A card index is kept of all data and results (Form 205 L). When virulence or non-virulence has been determined through test on animals (requiring about ten days), the result is forwarded by mail to the Diagnosis Laboratory, entered in the index, and the attending physician, diphtheria clerks and Division of Contagious Diseases are notified.

## STERILIZATION OF CULTURES AND STORAGE OF SLIDES.

Sec. 293. On completion of examination the culture tubes are sterilized in the autoclave. They are then boiled in a solution of potash, washed out thoroughly with soap and water, and allowed to dry. They are then ready for further use.

On completion of daily examination the glass slides are stored in a cabinet for twenty days for possible reference, and are then destroyed.

## RECORDING AND REPORTING OF RESULTS

Sec. 294. After the result of examination has been reported, all culture slips are filed according to address of the patient, in printed envelopes (Form 30 L). Manhattan cases in the laboratory, and others in the various Borough Offices as long as the cases are active. When terminated, the envelopes and slips are filed in the record envelope of the case, the terminated case file in the Borough Office.

All culture slips, as soon as brought in, are stamped with the date of collection, given a serial number letter corresponding to that of the culture tube, and are then compared with the above-mentioned dip



theria index. According to result of comparison they are classed as follows:

"Primary" Slips ... No previous culture taken.

"Confirmatory" Slips. A previous culture, but result negative or doubtful.

"Later" Slips ..... Previous culture showed the presence of diphtheria bacilli.

When a wrong slip has been used (white for a later or blue for a primary culture), the word primary or later, as the case may be, is written across the face of the slip. In the case of confirmatory cultures, all previous slips are attached and conf., together with the original laboratory or case number, written on the slip. In Brooklyn, Bronx, Queens and Richmond the above marking is done by the collector on his return from his route.

### CULTURE LISTS.

Sec. 295. A collector makes out every night duplicate laboratory and culture lists (Form 6 L) for each Borough. These lists contain the day number of the culture; the name, age and address of the patient, the attending physician's name and telephone number, the diagnosis, and nature of the culture (primary or later). One list is carried to the Diagnosis Laboratory and filed there. The duplicate list of each Borough is left in the Borough Office; on it are marked the results of examination as received by telephone the next morning from the Diagnosis Laboratory. After results are telephoned to the attending physicians, this Borough culture list is forwarded to the Division of Contagious Diseases of the Borough.

As soon as the examination of the cultures from each Borough is completed, the slips are forwarded to the various Borough Offices by messengers.

## ROUTINE PROCEDURE IN BOROUGH OFFICES.

Sec. 296. The results of examination of all primary cultures taken from the culture list are first telephoned to the attending physicians. In the case of Brooklyn and Bronx cultures, this is done from the Diagnosis Laboratory.

Each primary slip is then assigned a serial laboratory or case number (running from January 1 to December 31).

The culture list (Form 6 L) sent daily to the Division of Contagious Diseases gives the following information:

(a) Primary cultures.—Duration of disease, clinical diagnosis, name, age and address of the patient, name, address, and telephone number of attending physician, whether culture was taken by inspector or physician, and result of examination.

(b) Later cultures.—The same information with the exception of clinical diagnosis.

(c) School cultures.—Name, age, and address of all cases where the cultures taken by school inspectors show diphtheria bacilli.

Written reports for mailing are made out on special blanks, as follows:

Primary "L" (diphtheria bacilli present, Form 22 L), red.

"No L" (diphtheria bacilli absent, Form 24 L), white.

"Unsatisfactory" (result of examination unsatisfactory; another culture requested, Form 265 L), white.

Later. "L" (diphtheria bacilli present, Form 57 L), blue.

"No L" (diphtheria bacilli absent, Form 56 L), yellow.

These reports are sent to the attending physician by the Diagnosis Laboratory; and to the Branch Office in whose district the patient resides by the Borough Office. A clerk in the Borough Office assigns the reports and forwards them to the various Branch Offices. All reports are compared with the original culture slips from which they are made out, before being signed. In Manhattan and other Boroughs this is done by the diphtheria clerks.

All written reports are mailed before 12:30 P. M., to reach the physician on the same afternoon.

All slips are filed in manila envelopes (Form 30 L), on the outside of which are entered the necessary data.

## CULTURES FROM SCHOOL CHILDREN.

Sec. 297. School inspectors forward two slips with each culture (Form 16 K). A written report is mailed to the inspector who has made the culture; one slip is filed in the diphtheria index of the Diagnosis Laboratory and the other is sent from the Diagnosis Laboratory to the Borough Office of the Bureau of Child Hygiene corresponding to the address of the case. School cultures showing diphtheria bacilli are reported to each Borough Office on the daily culture

list, also by a duplicate report (inspector's name omitted), worded, "school culture." Such "school cultures are listed and examined after the "later cultures.

## CULTURES FROM DEPARTMENT HOSPITALS.

Sec. 298. Results of examinations of cultures from Department hospitals are reported on the special list (Form 28 L) forwarded for that purpose from each hospital. These lists, with results marked thereon are returned by messenger or mail. The results are also telephoned to the hospitals, and the slips filed in the Office of the Borough in which the patient lives.

## EXAMINATIONS ON SUNDAYS AND HOLIDAYS

Sec. 299. On Sundays and holidays the results of examination of all primary cultures are reported to the attending physician by telephone and mail direct from the Diagnosis Laboratory. The culture list for Manhattan is filled out and sent as soon as possible to the Department telephone operator, to whom all telephone requests for information are referred. The results of the examination of all later cultures are not reported to physicians and inspectors until the following morning.

The forwarding of slips to Borough Offices is deferred until the following day.

## PREPARATION OF DIPHTHERIA CULTURE MEDIA.

Sec. 300. The blood is obtained from cattle killed in slaughter-houses, where it is caught in jars as it

flows from a knife wound in the heart after the animal has been stunned. The jars are then covered and allowed to stand until the blood clots, after which they are placed in cold storage. The serum is later siphoned off into clean flasks.

Loeffler's mixture, consisting of three parts serum and one part of 1 per cent. glucose broth, is used for filling the culture tubes. Four c.c. of this mixture are run into the tubes which have previously been sterilized with dry heat for one hour at 150 degrees C.

The tubes containing the media are sterilized in the following manner: They are placed in an inclined position in the Arnold steam sterilizer and sterilized for one hour on three successive days. On the first day the temperature is not allowed to go above 90 degrees C. Ebullition is in this way prevented and the serum becomes slowly and evenly hardened. On the second day the temperature is not allowed to go above 95 degrees C. The serum, on the third day, can stand 100 degrees C. without impairment of its quality. Blank labels are then affixed, after which the tubes are ready for distribution. All tubes for supply stations are capped with paraffine to prevent drying.

## CIRCULAR OF INFORMATION.

Sec. 301. The circular in reference to diphtheria issued to physicians and those interested is:—Circular of Information Regarding Causation, Diagnosis and Treatment of Diphtheria (Form 19 J).

# TUBERCULOSIS, TYPHOID (WIDAL, DIAZO), MALARIA, AND MENINGITIS

## ROUTINE PROCEDURE.

Sec. 302. The slips accompanying specimens from suspected cases of the above mentioned diseases are filed for record in each proper Borough Office. There is a separate index for each disease. Every slip, with the exception of those from cases of tuberculosis, is stamped by the collector on the day collected, with the corresponding date at each Borough Office, and given the same serial "day" number as the specimen. Each slip is then compared with the record index, when all previous slips from the same patient are attached. Tuberculosis slips are dated and marked at the Diagnosis Laboratory on the following morning. If the slip is new or "primary," it receives a "laboratory" or case number, running from January 1 to December 31. The day number, patient's name and address, and physician's name and telephone number are entered on a special list (Form 193 L) for each Borough. The names and addresses of all cases showing "true" or "positive" results, and of negative cases which the attending physician wishes considered "true," are reported to the Borough Chief of the Borough in which the patient resides (Forms 126 and 11 L). A daily record (Form 22 LL) is kept for each Borough of the total number of specimens examined, including diphtheria cultures, and also the number of visits made to stations, number of culture tubes, swabs, sputum jars and other outfits prepared; also the number of specimens sent in by private physicians and inspectors. All slips are returned to the



pective Borough Offices by messenger, where a  
ng envelope is made out for each new slip.

The results of examination for typhoid, meningitis  
and malaria are telephoned from the laboratory list  
the attending physician. Results of examinations  
are not given to the patient, except at the request  
the physician, or when there is no physician in  
attendance. All examinations are limited to speci-  
mens from persons residing in New York City, and  
the Croton water shed.

## TUBERCULOSIS.

### SPUTUM OUTFITS.

Sec. 303. The sputum outfit furnished consists of a  
ell-corked glass jar, bearing the name of the De-  
partment of Health in raised letters, with a blank  
label, and a sputum slip (Form 38 L) for the re-  
quired data; on the reverse side are given instructions  
for obtaining the specimen.

### METHOD OF PREPARATION, EXAMINATION AND REPORTING.

Sec. 304. At 7 A. M. of every week day except  
holidays, the Manhattan and Brooklyn sputum speci-  
mens collected on the day before are prepared for  
examination. Brooklyn specimens are brought to the  
laboratory in the evening after collection. Bronx,  
Queens and Richmond specimens and lists are pre-  
pared at 9 A. M. All slips, after they are marked  
and dated, are sterilized for one hour in an Arnold  
sterilizer.

Two laboratory assistants are assigned to the duty of preparing the specimens. A moderately thin smear of selected portions of the sputum, representing an area two cover-glasses, is spread on a new glass slide. The "day" number is marked on the slide with a diamond. The slides are dried on an Ehrlich plate. After they are dried and fixed they are covered separately with fresh carbol fuchsin water, and heated to steaming for five minutes. They are then washed in running water, decolorized in acid alcohol (3 per cent. hydrochloric acid in 70 per cent. alcohol), and counterstained with methylene blue. A blank label for marking result of examination is then affixed. Watery, oily or dried samples receive special attention. Leaky or improperly preserved specimens are not examined, notice of this fact being sent to the physician concerned (Form 173 L). The same is true of specimens forwarded without the name and address of the patient (Form 45 L) or of the attending physician (Form 247 L). Microscopical examination begins at 9 A. M. Twelve laboratory assistants are detailed for this work. A rapid, superficial examination is first made to exclude all specimens showing a large number of tubercle bacilli. The remaining specimens receive a millimetre search by the use of a mechanical stage.

### ANTIFORMIN METHOD.

Sec. 305. All specimens failing to show tubercle bacilli are examined by the antiformin method as follows:

Five c. c. of the sputum in sputum jar as received at Laboratory is mixed with an equal volume of antiformin, previously diluted with three parts of water.

The sputum-antiformin mixture is then shaken for about fifteen minutes by means of a mechanical shaker, and is allowed to stand until fluidification is complete.

The mixture is then diluted with an equal volume of alcohol and centrifuged for half an hour. The supernatant fluid is then poured off, more alcohol is added, and the mixture recentrifuged. The latter step may be omitted if a good sediment is obtained after the first centrifuging.

Smears made from the sediment are stained as described above.

## REPORTS.

Sec. 306. Results of examination are marked on the slide; also in the proper place on the slip, together with the initials of the examiner. The terms used for marking are "positive" and "negative." All slides are stored in a special cabinet twenty days. Written reports of positive results (Form 97 L) and of negative results (Form 39 L) are sent to the physician. Every case whose sputum shows tubercle bacilli, and every case which the attending physician wishes to be considered as tuberculosis despite absence of tubercle bacilli, is reported to the proper Borough Office on a tuberculosis tally card (Form 26 L). All cases of children under sixteen years showing tubercle bacilli are also reported to the Executive Office.

All slips, on completion of the examination and reporting of results, are forwarded to the proper Borough Offices, where they are filed in special envelopes (Form 138 L).

## TYPHOID FEVER.

### THE WIDAL REACTION.

#### WIDAL OUTFIT.

Sec. 307. The Widal outfit consists of the following articles: A clean glass slide, in a wooden slide case, closed with a rubber band; a slip, giving instructions for obtaining the specimen (Form 106 L) and for all necessary data; and a circular of information regarding the tests for typhoid fever, the importance of the disinfection of urine, etc. (Form 34 L). The whole outfit is inclosed in an envelope directed to the Diagnosis Laboratory (Form 143 L).

#### TECHNIC OF EXAMINATION.

Sec. 308. The dried blood, diluted 1-40, is used for the reaction. A fresh bouillon culture of the typhoid bacillus is prepared every night. On the following morning this culture is tested for its motility and its reaction to a known typhoid blood.

The following system of indicating results on slides is used: "positive"—a complete reaction with a dilution of 1 to 40 within from thirty to sixty minutes; "negative"—no reaction within the same time; "incomplete"—partial clumping and partial loss of motility of bacilli. Written reports (Form 40 L) are sent to the attending physician. Results are telephoned from "laboratory" lists, on which are given telephone numbers and names of physicians; slides are filed in Borough Offices in special envelopes (Form 14 L). When a case is terminated, the envelopes are filed in the record envelope of the case in the terminated case file in the Borough Office.

## EHRlich'S DIAZO REACTION.

### DIAZO OUTFIT.

Sec. 309. The outfit consists of a stoppered glass vial; a slip for data (Form 159 L); and a circular of information (Form 34 L)—the whole inclosed in a screw-topped wooden box.

### TECHNIC OF EXAMINATION.

Sec. 310. Presence or absence of the reaction is determined as follows: equal parts of the suspected urine are mixed with the following reagent—saturated solution of sulphanilic acid in 5 per cent. hydrochloric acid, 40 parts; 0.5 per cent. solution sodium nitrite, 1 part— and the mixture well shaken. On the addition of a few drops of ammonia a brilliant rose-pink color appears when the reaction is present. The twelve hours' sediment is also characteristic, consisting of a dirty gray lower layer and a narrow dark olive green upper layer. The result is stated on the slip as "positive," "negative," or "doubtful." Results are reported and filed as in the case of Widal specimens. [Report blank (Form 161 L), filing envelope (Form 160 L)].

All typhoid specimens, bottles, slides and tubes are disinfected in 1 to 20 carbolic acid on completion of examination.

### CIRCULAR OF INFORMATION.

Sec. 311. With each written report is sent a copy of the circular, "How to Avoid the Contraction and Prevent the Spread of Typhoid Fever" (Form



178 L), with the request that the attending physician give it or equivalent instructions to the family of the patient.

## EXAMINATIONS FOR MALARIAL ORGANISMS.

Sec. 312. Outfit consists of two glass slides, in a slide box; a Hagedorn needle; a slip (Form 166 L) for data giving all instructions for obtaining specimens; and a circular of information regarding malaria (Form 33 L).

A modified Nocht-Romanowsky method of staining the blood is used. Results of examinations are marked on slip, and reported to physicians by telephone and mail, as in the case of typhoid fever. [Report blank (Form 165 L), filing envelope (Form 167 L)].

## CEREBRO-SPINAL MENINGITIS.

Sec. 313. Outfit consists of a well-corked sterile glass vial, slip (Form 188 L), and circular of information (Form 196 L), all inclosed in a wooden screw-topped box. Specimens are stained with Loeffler's methylene blue and by Gram's method. The presence or absence of meningococci is reported to the physician by telephone and mail, as in the case of typhoid fever. Report blank (Form 187 L), filing envelope (Form 186 L).

[Note.—The examination for gonococci, *treponema pallidum*, and the performance of the complement fixation tests for syphilis, gonorrhoea, and glanders are carried out in the Serological Laboratory of the Division of Venereal Diseases.]



## COLLECTION OF SPECIMENS AND SUPERVISION OF SUPPLY STATIONS.

### SUPPLY STATIONS.

Sec. 314. Various pharmacies throughout New York City keep on hand culture tubes, diagnostic outfits and diphtheria antitoxin and vaccine, supplied by the Department of Health. These pharmacies are known as "supply stations." A full description of these outfits and the various grades of antitoxin, together with a full list of supply stations, is found in the circular entitled "Work and Products of the Diagnosis, Research and Vaccine Laboratories" (Form 205 L). A list of the supply stations in condensed form is also given in a booklet (Form 206 L).

These supply stations are of two kinds:

(a) "Regular stations," which are visited daily by collectors and supplied directly by them (in all boroughs).

(b) "Sub-stations," which obtain supplies on requisition (Form 148 L), forwarded by mail in directed envelope furnished for the purpose, or through the regular stations, and which deliver specimens daily to the regular stations before the collector calls. All stations are visited at least once a month by supply wagons, and the stock of supplies inspected and replenished.

All requisitions after they are filled are stamped with the date and initials of the employee who put the order. They are then filed for reference.

Supply stations are established on written appli-

cation to the Diagnosis Laboratory. Agreements relating to the care of the stations must be signed in duplicate (Form 15 L).

A card index (Form 120 L) of all stations is kept. This index records stock of every station on hand at each station. The monthly visits are also entered on a large chart, from which the route of the supply wagon is laid out each day.

The location and character of all supply stations are indicated upon maps of the different Boroughs by means of colored tacks.

## STOCK OF SUPPLIES CARRIED BY STATIONS

Sec. 315. Supplies carried by regular station (minimum) :

Culture tubes .....	2	Dozen
Swabs .....	2	Dozen
Culture envelopes .....	2	Dozen
Typhoid outfits (Widal).....	1	Dozen
Typhoid outfits (Diazo).....	1	Dozen
Meningitis and malaria outfits, each .....	$\frac{1}{2}$	Dozen
Gonococcus outfits .....	$\frac{1}{2}$	Dozen
Sero-diagnostic outfits .....	$\frac{1}{4}$	Dozen
Primary diphtheria blanks (Form 21 L) .....	5	Dozen
Later diphtheria blanks (Form 26 L) .....	5	Dozen
Sputum jars .....	3	Dozen
Sputum blanks (Form 38 L)....	5	Dozen
Antitoxin .....	6	Bottles
Vaccine .....	10	Tubes

The blanks for Widal, Diazo, malaria and gonococcus specimens accompany each outfit.

Supplies carried by sub-stations (minimum) :

Culture tubes .....	12
Swabs .....	12
Culture envelopes .....	12
Sputum jars .....	12
Typhoid outfits (Widal) .....	6
Typhoid outfits (Diazo) .....	6
Meningitis and malaria outfits, each....	4
Gonococcus outfits .....	2
Sero-diagnostic outfits .....	2
Primary diphtheria blanks (Form 21 L). 12	
Later diphtheria blanks (Form 26 L)....	12
Sputum blanks (Form 38 L).....	12
Antitoxin .....	6 Bottles
Vaccine .....	10 Tubes

The proprietors of sub-stations agree in writing Form 15 L) to deliver all specimens to regular stations at an appointed time each day, and to send or packages of new supplies within forty-eight hours after notice has been received. Such notice is sent by postal card (Form 145 L).

## DUTIES OF COLLECTORS.

Sec. 316. Incubators, in which cultures may be placed at any hour, are maintained in connection with all the Borough Offices.

One collector in each Borough, on completing his round, is designated to mark each culture tube and its slip with a corresponding serial day number, to make out the laboratory culture lists and place the

tubes in the incubator. The typhoid, sputum and malaria specimens are placed in the boxes provided therefor. The urine specimens are placed in the ice chest.

When the collector places the culture tubes in the incubator at night, he notes its temperature on diphtheria culture list (P. M. temp.....degrees), and again when he removes the cultures on the following morning (A. M. temp.....degrees).

In Brooklyn, Bronx, Queens and Richmond the collector also compares all diphtheria, malaria and typhoid slips with the Borough Office records to see if any previous examination has been made. Every morning the collectors bring tubes, slips and other specimens to the Diagnosis Laboratory in Manhattan, where they are examined.

Collectors must leave the Borough Offices promptly and visit the supply stations according to schedule; in no instance is a station to be left before the scheduled time.

The collector always carries the hand-bag furnished by the Department and a full stock of supplies. Telephoning to supply stations to ask if there is any necessity to call is strictly forbidden under penalty of dismissal.

The stock of supplies in each station is to be carefully examined daily, especially the culture tubes, and all spoiled tubes must be replaced. If the number of other outfits is deficient, it must be made up to the required amount.

If packages for sub-stations remain at the regular stations more than forty-eight hours, this fact is

reported to the Assistant Director of the Diagnosis Laboratory.

All carfare vouchers for the preceding month, properly made out in duplicate and sworn to, are submitted to the Assistant Director of the Diagnosis Laboratory on the first day of the month (Forms 243-244 L). A record of the daily expenditures of each collector is kept in a journal (24 LL).

In Manhattan the collectors report at the Diagnosis Laboratory daily at 3:30 P. M., and put up all orders for supplies which may have been received during the day for their stations.

One collector in each Borough on his return from his rounds collects all specimens which have been left in the cabinets located in the halls of the various Borough Offices. Special attention must be paid to the collection of all fumigation orders left at the supply stations by the district nurses and diagnosticians. These orders must be delivered to the proper officials in the Borough Offices on the same night immediately after the return of the collectors from their rounds. The collectors of Brooklyn, Bronx, Queens and Richmond report to the Diagnosis Laboratory with their specimens, as follows:

Brooklyn, diphtheria ..|......8:00 A. M.

Bronx, all specimens.....8:30 A. M.

Queens, all specimens.....

Richmond, all specimens.....

## GENERAL RULES OF DIAGNOSIS LABORATORY.

Sec. 317. Only workers in the laboratory, collectors, cleaners and officers of the Bureau are allowed

in the laboratory. All others must receive permission from the Director of Bureau, or Assistant Director of the Laboratory.

All workers in the laboratory who have handled infected material of any kind must thoroughly wash their hands with soap and water and rinse them in 1 to 1,000 bichloride solution before leaving.

No waste paper, nor wrappings of packages, etc., are to be thrown on floor or desks. Baskets are provided.

All specimens must be sterilized as soon as possible after preparation of slides, etc. [sputum slips after dating and numbering.]

All towels are to be kept in towel clips attached to desks.

All instruments and materials used must be put away neatly at the conclusion of the day's work and desks and glass slabs cleaned with 5 per cent. carbolic acid (using cheese cloth, not towels).

Each employee doing microscopical work is supplied with a microscope for his personal use. He is responsible for its condition, and when examinations are finished, must wipe oil from the objective with lens paper (not towels), wipe off brass and lacquer, and replace instrument in his locker in the microscope cabinet, turning and removing the key. He must replace the key at his own expense, if lost.

White suits are sent to the laundry every Monday.

One bacteriological diagnostician must be constantly in the laboratory between 9 A. M. and 5 P. M.



# MANHATTAN COLLECTION ROUTES.

Sec. 318.

DAILY ROUTES.

## I. BROADWAY AND SIXTH AVENUE ROUTE.

P. M.

Hegeman .....	St. Nicholas Ave. & 180th St.	4:05
Halper .....	Broadway & 156th St.	4:10
Driesen .....	Broadway & 144th St.	4:15
Dorb .....	Broadway & 127th St.	4:20
Riker .....	Broadway & 110th St.	4:30
Kerley .....	Broadway & 102d St.	4:35
Tsheppe & Rieck....	Broadway & 91st St.	4:40
Hegeman .....	Broadway & 80th St.	4:45
Pond, Bowes & Cart-		
wright .....	Broadway & 70th St.	4:50
Boeddicker .....	6th Ave. & 54th St.	5:10
Riker .....	6th Ave. & 23d St.	5:35
Bigelow .....	6th Ave. & 8th St.	5:45
Borough Office .....		

## NINTH AVENUE ROUTE.

Raub .....	St. Nicholas Ave. & 145th St.	4:00
Molwitz .....	8th Ave. & 144th St.	4:00
Sagal & Kaufman...	8th Ave. & 135th St.	4:05
Hegeman .....	8th Ave. & 125th St.	4:10
McCutchen .....	8th Ave. & 113th St.	4:15
Reed .....	Columbus Ave. & 104th St.	4:20
Taylor .....	Columbus Ave. & 92d St.	4:25
Buck .....	Columbus Ave. & 92d St.	
Spangenberg .....	Columbus Ave. & 82d St.	4:30
Bauer .....	Columbus Ave. & 69th St.	4:40
Jones & Leonard....	Columbus Ave. & 61st St.	4:45
Roosevelt Hospital..	Columbus Ave. & 59th St.	4:50

James .....	8th Ave. & 44th St.....	5:00
Blomeier .....	9th Ave. & 34th St.....	5:10
Golding .....	9th Ave. & 22d St.....	5:20
Katz .....	9th Ave. & 14th St.....	5:25
Flower .....	Hudson & Barrow Sts.....	5:35
Knapp .....	Hudson & King Sts.....	5:40
Herzenberg .....	40 Grand St., nr. Thompson.	5:50
Borough Office .....		

## MADISON AND FOURTH AVENUE ROUTE.

Robbins .....	Lenox Ave. & 137th St.....	4:00
Hegeman .....	Lenox Ave. & 125th St.....	4:10
Diamond .....	Lenox Ave. & 114th St.....	4:15
Perla .....	Madison Ave. & 109th St....	4:20
Mt.Sinai Dispensary.	Madison Ave. & 100th St....	4:25
Simetz.....	Madison Ave. & 97th St.....	4:25
Dauscha .....	Madison Ave. & 91st St.....	4:30
Cassebeer .....	Madison Ave. & 75th St....	4:40
Timmermann .....	Park Ave. & 65th St.....	4:50
Kalish .....	Madison Ave. & 59th St....	4:55
Munsch, Protzman &		

Co. ....	Madison Ave. & 48th St....	5:00
Reeder .....	Madison Ave. & 48th St....	5:00
Schoonmaker .....	Park Ave. & 42d St.....	5:05
Caswell, Massey Co.	4th Ave. & 33d St.....	5:10
Bagoe .....	4th Ave. & 29th St.....	5:15
Kalish .....	4th Ave. & 23d St.....	5:20
Borough Office .....		

## THIRD AVENUE ROUTE.

Budelman .....	Madison Ave. & 131st St....	4:00
Sayer .....	125th St. & 3d Ave.....	4:05
Trau .....	116th St. & 3d Ave.....	4:10
Aronstamn .....	3d Ave. & 105th St.....	4:15

P. M.

Frohwein .....	3d Ave. & 91st St.....	4:25
Lascoff .....	Lexington Ave. & 83d St...	4:35
Zinckgraf .....	3d Ave. & 67th St.....	4:45
Nauheim .....	Lexington Ave. & 59th St...	4:50
Edlich .....	3d Ave. & 52d St.....	4:55
The Goldlust Pharmacy.....		
	3d Ave. & 88th St.....	3:45
Du Gay .....	Lexington Ave. & 34th St...	5:10
Keating .....	3d Ave. & 29th St.....	5:15
Sultan .....	3d Ave. & 23d St.....	5:20
Walters .....	2d Ave. & 13th St.....	5:25
Nemser .....	1st Ave. & 5th St.....	5:30
Borough Office .....		

LOWER EAST SIDE ROUTE.

Miner .....	Spring St. & Bowery.....	4:00
Walker .....	Broome & Ludlow Sts.....	4:10
La Pinto .....	Grand & Mott Sts.....	4:15
Guarini & Candela..	New Bowery & Roosevelt...	4:30
Lipset .....	Henry & Pike Sts.....	4:35
Mamelok .....	E. Broadway & Clinton St..	4:40
Decker .....	Broome & Cannon Sts.....	4:50
Goldblatt .....	E. Houston & Cannon Sts...	4:55
Goldberg .....	E. Houston & Clinton Sts...	5:00
Robinson .....	10th St. & Avenue C.....	5:15
Veiss .....	9th St. & 2d Ave.....	5:25
Mullenbach .....	4th Ave. & Astor Pl.....	5:30
Borough Office .....		

SUNDAY AND HOLIDAY ROUTE.

I. WEST.

Hegeman .....	180th St. & St. Nicholas Ave.	3:00
Malper .....	Broadway & 156th St.....	3:10

Dorb	Broadway & 127th St.	3:20
Riker	Broadway & 110th St.	3:21
Reed	Columbus Ave. & 104th St.	3:31
Spangenberg	Columbus Ave. & 82d St.	3:41
Bauer	Columbus Ave. & 69th St.	3:50
Dougan & Merritt	Columbus Ave. & 61st St.	3:51
James	8th Ave. & 44th St.	4:01
Golding	9th Ave. & 22d St.	4:11
Riker	6th Ave. & 23d St.	4:21
Bigelow	6th Ave. & 8th St.	4:31
Knapp	Hudson & King Sts.	4:41
Herzenberg	Grand St., nr. Thompson	4:51
Borough Office		

## II. EAST.

Raub	St. Nicholas Ave. & 145th St.	3:01
Sagal & Kaufman	8th Ave. & 135th St.	3:11
Hegeman	8th Ave. & 125th St.	3:11
Hegeman	Lenox Ave. & 125th St.	3:21
Sayer	125th St. & 3d Ave.	3:21
Trau	3d Ave. & 116th St.	3:31
Aronstamn	3d Ave. & 105th St.	3:31
Lascoff	83d St. & Lexington Ave.	3:41
Zinckgraf	3d Ave. & 67th St.	3:51
Lourie & Stoller	59th St. & Lexington Ave.	4:01
Kalish	Madison Ave. & 59th St.	4:01
Schoonmaker	42d St., nr. Park Ave.	4:11
Caswell & Massey Co.	4th Ave. & 33d St.	4:21
Kalish	4th Ave. & 23d St.	4:21
Miner	Spring & Bowery	4:31
Mamelok	E. Broadway & Clinton St.	4:41
Goldblatt	E. Houston & Cannon Sts.	4:51
Walter	2d Ave. & 13th St.	5:01
Borough Office		

## BRONX COLLECTION ROUTES.

Sec. 319.

DAILY.

### I. WEST.

Department of Health	P. M.
Tuberculosis Clinic.	E. 139th St. & New Brook Ave. ....4:00
Picker .....	138th St. & Brown Pl.....4:05
Pitarro .....	590 Morris Ave., bet. 150th & 151st Sts. ....4:10
Vurm .....	Morris Ave. & 162d St.....4:25
Dibella .....	Plimpton & Boscobel Aves..4:40
Rosenbaum .....	Fordham Rd. & Jerome Ave.4:55
ones .....	Fordham Rd. & Marion Ave.5:05
Iassell .....	Webster Ave. & 200th St...5:15
Pincke .....	White Plains Ave. & Gun Hill Rd. ....5:25
Miller .....	E. 177th St. & Park Ave....5:45
Bronx Office, Depart-	
ment of Health...	3d Ave. & St. Paul's Pl.....5:55

### II. EAST.

Pierson .....	78 Westchester Sq.....4:00
Miller .....	Boston Rd. & E. 177th St...4:15
Harass .....	Hoe & Freeman Sts.....4:25
A-Re-Co. Pharmacy..	Westchester Ave. & Simpson St. ....4:35
Rothman .....	Westchester & Tinton Aves.4:45
Goldwater .....	3d Ave. & 142d St.....5:00
Iegeman .....	3d Ave. & 149th St.....5:05
Vernert .....	1272 Boston Rd. (McKinley Square) ....5:35
James .....	3d Ave. & 161st St.....5:40

Huther .....	3d Ave. & 169th St.....	5:4
Bronx Office, Depart-		
ment of Health...	St. Paul's Pl. & 3d Ave.....	5:5

## SUNDAY AND HOLIDAY ROUTES.

Miller .....	Park Ave. & E. 177th St....	3:4
Rosenbaum .....	Fordham Rd. & Jerome Ave.	4:0
Jones .....	Fordham Rd. & Marion Ave.	4:1
Fincke .....	Gun Hill Rd. & White Plains Ave. ....	4:2
Pierson .....	Westchester Sq. ....	4:5
Miller .....	Boston Rd. & E. 177th St...	5:0
A-Re-Co. Pharmacy..	Westchester Ave. & Simpson St. ....	5:1
Rothman .....	Tinton & Westchester Aves.	5:2
Hegeman .....	149th St. & 3d Ave.....	5:3
Sames .....	161st St. & 3d Ave.....	5:4
Huther .....	169th St. & 3d Ave.....	5:5
Bronx Office, Depart-		
ment of Health...	3d Ave. & St. Paul's Pl.....	6:0

## BROOKLYN COLLECTION ROUTES.

Sec. 320.

DAILY.

## ROUTE No. 1.

Whitley .....	91st St. & 3d Ave.....	4:0
Wolf .....	69th St. & 3d Ave.....	4:1
Osborn .....	54th St. & 5th Ave.....	4:2
Osborn .....	46th St. & 3d Ave.....	4:2
Cantor .....	337 Van Brunt St.....	4:4
Kemble .....	Carroll & Henry Sts.....	4:5
Nehrbas .....	316 Court St. ....	5:0
Reid .....	300 Clinton St. ....	5:0



P. M.

eydenreich .....167 Atlantic Ave. ....5:15  
 amb .....84 Court St. ....5:20  
 lker .....264 Fulton St. ....5:25  
 eid .....135 Sands St. ....5:35  
 epartment of HealthFleet & Willoughby Sts.....

### ROUTE No. 2.

ammond .....73d St. & 13th Ave.....4:00  
 ahlstadt .....86th St. & 18th Ave.....4:10  
 awler .....1401 60th St. (14th Ave.)...4:25  
 alke Bros. ....53d St. & 13th Ave.....4:30  
 pamer .....39th St. & Ft. Hamilton Ave.4:50  
 all & Co. ....5th Ave. & 19th St.....5:10  
 sborn .....11th St. & 5th Ave.....5:20  
 bramson Drug Co..President St. & 5th Ave....5:30  
 epartment of HealthFleet & Willoughby Sts.....

### ROUTE No. 3.

rager .....757 Gravesend Ave.....4:00  
 ncelin .....Surf Ave. & W. 16th St....4:30  
 eiss .....310 Neptune Ave., Coney Isl.4:40  
 ohnston .....E. 14th St. & Kings Highway.4:55  
 randenberg .....Coney Island Ave. & Cortel-  
                                 you Rd. ....5:05  
 aymow .....Beverly Rd. & Coney Island  
                                 Ave. ....5:10  
 prospect Drug Co...Prospect Ave., cor. Reeve Pl.5:20  
 ordon .....15th St. & 7th Ave.....5:35  
 ouden .....9th St. & 7th Ave.....5:40  
 epartment of HealthFleet & Willoughby Sts.....

### ROUTE No. 4.

ilberger .....540 Flatbush Ave.....4:00  
 utler .....883 Flatbush Ave.....4:05

		P. M
Hili .....	1098 Flatbush Ave.....	4:15
Hunter .....	1533 Flatbush Ave.....	4:25
Rappaport .....	1733 Nostrand Ave.....	4:35
Walfram .....	1292-94 Nostrand Ave.....	4:45
Dannhardt .....	Rogers Ave., cor. Midwood St.	4:55
Bancroft .....	712 Nostrand Ave.....	5:10
Bancroft .....	Bergen St. & Franklin Ave..	5:15
Wilson .....	6th & Flatbush Aves.....	5:25
Vinnicombe .....	44 Flatbush Ave.....	5:35
Department of Health	Fleet & Willoughby Sts.....	

#### ROUTE No. 5.

Quasman .....	Fulton St. & Crescent Ave..	4:00
Chamberlain & Co...	3079 Fulton St.....	4:05
Mindel .....	2789 Atlantic Ave.....	4:15
Werner .....	2592 Atlantic Ave.....	4:20
Katz .....	Pitkin Ave. & Chester St....	4:30
Benjamin .....	Fulton St. & Rockaway Ave.	4:50
Balzheiser .....	Fulton St. & Saratoga Ave..	5:00
Rohrer Drug Co....	Sumner Ave. & Decatur St..	5:10
Cadman .....	Tompkins Ave. & Fulton St.	5:15
Pfister & Setterley..	1293 Fulton St. ....	5:20
Malkovsky .....	Fulton St. & Wash'ton Ave.	5:30
Marsland .....	19 Greene Ave. ....	5:35
Department of Health	Fleet & Willoughby Sts.....	

#### ROUTE No. 6.

Wesch .....	Wyckoff & Myrtle Aves.....	4:00
Claassen .....	Myrtle & Knickerbocker Aves.	4:05
Wendler .....	Palmetto St. & Central Ave.	4:10
Heimerzheim .....	567 Central Ave. ....	4:15
Stein .....	Broadway & Halsey St....	4:20
Weber .....	Broadway & Gates Ave.....	4:30
Probst .....	Ralph Ave. & Halsey St....	4:35

P. M.

ettle .....	895 Gates Ave. ....	4:40
ayden .....	1189 Broadway .....	4:50
cheidt .....	948-52 Broadway .....	5:00
ussenschidt .....	Bedford & Myrtle Aves....	5:15
lopsch .....	Cumberland St. & Myrtle Ave. ....	5:25
Department of Health	Fleet & Willoughby Sts.....	

#### ROUTE No. 7.

Vmsburg Drug Co..	S. 4th St. & Bedford Ave...	4:05
ossler & Hauck....	N. 6th St. & Driggs Ave....	4:10
opper .....	937 Manhattan Ave.....	4:20
awrence .....	764 Manhattan Ave.....	4:25
esoaldis .....	Graham Ave. & Jackson St..	4:30
russ .....	Hamburg Ave., cor. Noll St.	4:40
ossong .....	Flushing Ave. & Sumner Pl.	4:45
Kempf .....	Broadway & Lorimer St....	4:50
Venzel Co. ....	384 Broadway .....	5:00
Diehl Bros. ....	644 Bedford Ave. ....	5:05
Department of Health	Fleet & Willoughby Sts.....	

#### SUNDAY AND HOLIDAY ROUTES.

##### ROUTE No. 1.—NORTH OF FULTON STREET.

Vmsburg Drug Co..	S. 4th St. & Bedford Ave...	4:00
awrence .....	764 Manhattan Ave.....	4:10
scheidt .....	969 Broadway .....	4:30
Weber .....	Broadway & Gates Ave.....	4:35
Verner .....	2592 Atlantic Ave. ....	4:45
Balzheiser .....	2040 Fulton St. ....	4:55
Pfister & Setterley..	1293 Fulton St. ....	5:05
Malkovsky .....	Fulton St. & Wash'gton Ave.	5:10
Department of Health	Fleet & Willoughby Sts.....	

## ROUTE No. 2.—SOUTH OF FULTON STREET.

P. M.

Osborn .....	54th St. & 5th Ave.....	4:00
Wolf .....	69th St. & 3d Ave.....	4:05
Wahlstadt .....	86th St. & 18th Ave.....	4:20
Spamer .....	39th St. & Ft. Hamilton Ave.	4:35
Raymow .....	Beverly Rd. & Coney Island Ave. ....	4:45
Cutler .....	Church & Flatbush Aves....	4:50
Dilberger .....	540 Flatbush Ave. ....	5:00
Wilson .....	6th Ave. & Flatbush Ave...	5:05
Department of Health	Fleet & Willoughby Sts.....	

## QUEENS COLLECTION ROUTES.

Sec. 321.

DAILY.

### ROUTE No. 1.—NORTH.

Niemeyer .....	316-18 13th St., College Point.	1:30
Lahey .....	87 Main St., Flushing.....	1:55
Hepburn .....	103 Main St., Flushing.....	2:00
Portugaloff .....	203 Corona Ave., Corona Heights .....	2:25
Sloane .....	Corona, 24 Grand Ave.....	2:50
Spaeth .....	Elmhurst .....	3:05
Zrubek .....	Lenox & Woodside Aves., Winfield .....	3:25
Johnston .....	5th St., nr. L. I. R. R., Woodside .....	3:45
Tewes .....	Broadway & Steinway Ave., Astoria .....	4:10
Collins .....	433 Steinway Ave., nr. Grand Ave., Astoria .....	4:25
Scherer .....	Steinway & Flushing Aves., Astoria .....	4:40

P. M.

Reilly .....	31 Flushing Ave., cor. Hallet St., Astoria .....	5:00
Dalcort .....	385 Jackson Ave., L. I. City.	5:25
Schnitzler .....	Jackson & Vernon Aves., L. I. City .....	5:40
Borough Office, De- partment of Health	Fulton St., Jamaica.....	6:30

#### ROUTE No. 2.—SOUTH.

Lowe Brothers .....	Central Ave., Far Rockaway.	1:30
Broadman .....	Maspeth & Clermont Aves., Maspeth .....	3:30
Hill .....	Cypress Ave. & Ralph St., Ridgewood .....	3:55
Sandman .....	1698 Myrtle Ave., cor. George St., Evergreen .....	4:20
Leavy .....	Jamaica Ave., nr. Oak St., Richmond Hill .....	4:45
Schmidt .....	1191 Jamaica Ave., cor. Suy- dam St., Woodhaven.....	5:05
Lucas & Wilson.....	3401 Jamaica Ave., Richmond Hill .....	5:30
Weiss .....	306 Fulton St., Jamaica....	5:50
Borough Office, De- partment of Health	Fulton St., Jamaica.....	6:10

#### SUNDAY AND HOLIDAY ROUTES.

Hepburn .....	Flushing, 103 Main St.....	2:30
Lahey .....	Flushing, 87 Main St.....	2:35
Sloane .....	Corona, 24 Grand Ave.....	2:55
Spaeth .....	Elmhurst .....	3:10
Zrubek .....	Winfield, Lenox & Woodside Aves. ....	3:20

Johnston .....	Woodside, 5th Ave., nr. L. I. R. R. ....	3:30
Dolcort .....	L. I. City, 436 Jackson Ave.	3:55
Schnitzler .....	L. I. City, Jackson & Vernon Aves. ....	4:05
Hill .....	Ridgewood, Cypress Ave. & Ralph St. ....	4:45
Sandman .....	Evergreen, Myrtle Ave., cor. George St. ....	4:55
Leavy .....	Richmond Hill, Jamaica Ave., nr. Oak St. ....	5:20
Lucas & Wilson.....	3401 Jamaica Ave., nr. Myr- tle Ave., Richmond Hill..	5:25
Weiss .....	Jamaica, 306 Fulton St.....	5:35
Borough Office, De- partment of Health	Fulton St., Jamaica.....	5:40

### RICHMOND COLLECTION ROUTE.

Sec. 322. DAILY AND SUNDAY.

James Feeny .....	Stapleton .....	3:50
Herbert J. Lenz.....	Rosebank .....	4:00
Gustav Schwab ....	Tompkinsville .....	4:15
Sullivan .....	West New Brighton.....	4:45
DeHart .....	Mariner's Harbor .....	5:00
Fred W. Kerr.....	Port Richmond .....	5:15
Benson .....	New Brighton .....	5:35
F. E. V. Brandenburg	New Dorp (on request).....	6:00
Borough Office, De- partment of Health	Bay St., cor. Sand St.....	6:00

Cultures may be left for incubation after 6 P. M. on week days and at any time on Sundays and holidays at the Pharmacy of Lockwood & Colton, 91 Water Street, Stapleton.



BLANKS, CIRCULARS, ETC., ISSUED BY THE  
DIVISION OF COMMUNICABLE DISEASES.

Sec. 323. (The missing numbers are no longer in use.)

- 1 L. Leaflet—Work of Diagnosis Laboratory.
- 2 L. Book—Handbook of Help for Persons Suffering from Pulmonary Tuberculosis.
- 3 L. Blank—Inspectors' and Nurses' Special Report.
- 4 L. Card—Investigation of Weekly Reports.
- 5 L. Card—Notice to Return to Clinic for some Special Purpose.
- 6 L. Blank—Diphtheria Culture List.
- 7 L. Card—Clinic Admission.
- 8 L. Circular—The Association of Tuberculosis Clinics.
- 9 L. Leaflet—Regulations Regarding Reporting Cases of Tuberculosis.
- 10 L. Envelope—Hospital Admission Bureau, large.
- 11 L. Card—Report to Borough Office from Diagnosis Laboratory (Typhoid, etc.)
- 12 L. Blank—Notice of Park Stereopticon Exhibitions, English.
- 13 L. Blank—Weekly Report of Division.
- 14 L. Envelope—Typhoid Filing.
- 15 L. Blank—Supply Station Agreement.
- 16 L. Card—Acknowledgment of Report of Case of Tuberculosis. (To Physician.)
- 17 L. Envelope—Hospital Admission Bureau, Large Addressed.
- 18 L. Folder—Clinic Reference. (A. T. C.)
- 19 L. Letterhead—Hospital Admission Bureau.

- 20 L. Envelope—Hospital Admission Bureau, Small.
- 21 L. Blank—Primary Diphtheria Slip.
- 22 L. Blank—Primary Positive Diphtheria Report.
- 24 L. Blank—Primary Negative Diphtheria Report.
- 25 L. Letter—Deaths from Tuberculosis Not Previously Reported During Life.
- 26 L. Blank—Secondary Diphtheria Slip.
- 28 L. Blank—Hospital Diphtheria Culture List.
- 29 L. Tuberculosis Folder (Spanish).
- 30 L. Envelope—Diphtheria Filing.
- 31 L. Card—For Visitors to Riverside Hospital.
- 32 L. Blank—Hospital Admission Card.
- 33 L. Circular—Mosquitoes and Malaria.
- 34 L. Circular—Widal Test for Typhoid Fever.
- 35 L. Card—Weekly Report of Branch Office.
- 36 L. Blank—Daily Tally Sheet (Tuberculosis).
- 37 L. Card—Guide Card for Southern Italian Clinic.
- 38 L. Blank—Sputum Slip.
- 39 L. Blank—Negative Sputum Report.
- 40 L. Blank—Widal Test. Report.
- 41 L. Blank—Notice of Park Stereopticon Exhibitions (Yiddish).
- 42 L. Card—Reference for Charitable Aid.
- 44 L. Card—Tuberculosis Case History.
- 45 L. Card—Requesting Name and Address of Patient (Sputum).
- 46 L. Blank—Notice of Park Stereopticon Exhibitions (Italian).
- 48 L. Blank—Nurses' Report of Infectious Diseases with Recommendation.
- 49 L. Blank—Report of Result of Examination for *Treponema Pallidum*.

- 50 L. Tuberculosis Folder (Armenian).
- 51 L. Card—Acknowledgment of Report of Case of Venereal Disease.
- 52 L. Blank—Notification Regarding Placards.
- 53 L. Blank—Inventory of Forms.
- 54 L. Second Annual Report of Clinics.
- 55 L. Card—Notice of Removal of Placard.
- 56 L. Blank—Later Negative Diphtheria Report.
- 57 L. Blank—Later Positive Diphtheria Report.
- 58 L. Card—Poliomyelitis History.
- 59 L. Blank—Supply Requisition.
- 60 L. Circular—Information Regarding Tuberculosis Clinics.
- 61 L. Card—Cerebro-spinal Meningitis History.
- 63 L. Card—Hospital Vacancies.
- 64 L. Blank—Forcible Removal of Case of Tuberculosis.
- 65 L. Card—History of Discharged Sanatorium Cases.
- 66 L. Circular—The Sanitary Supervision of Tuberculosis by the Department of Health.
- 67 L. Blank—Letter Requesting Typhoid Information.
- 68 L. Card—Clinic, Later History.
- 69 L. Card—Sanatorium Report of Admissions, etc.
- 70 L. Blank—Day Camp Weekly Report.
- 71 L. Card—Reference to Otisville Sanatorium.
- 72 L. Circular—Consumption Cures (Italian).
- 73 L. Blank—Daily Record of All Applicants to Clinic.
- 74 L. Clinic Prescription Blanks.
- 75 L. Circular—Importance of Early Diagnosis of Tuberculosis.
- 76 L. Blank—Daily Journal Serological Laboratory.

- 77 L. Envelope—Clinic History Card.
- 79 L. Blank—Loose Leaf Grocery Record, Day  
Camps.
- 80 L. Card—Transfer and Receipt of Records.
- 81 L. Postal—Recommendation of Case of Tubercu-  
losis to Charitable Societies, etc.
- 83 L. Card—Recommendation for School Exclusion  
or Admission.
- 84 L. Blank—Daily Report, Grocery Supplies, Day  
Camps.
- 85 L. Envelope—For Otisville Reference Card.
- 87 L. Card—Medical Report on Clinic Case.
- 88 L. Placard—Sanatorium Requirements (same as  
90 L).
- 89 L. Blank—Daily Report from Borough Office—  
Tuberculosis.
- 90 L. Blank—Sanatorium Requirements (same as  
88 L).
- 91 L. Envelope—Large Manila, Addressed to Bu-  
reau of Infectious Diseases.
- 92 L. Envelope—Small Manila for Clinic Admis-  
sion Cards.
- 93 L. Card—Efficiency Rating Card.
- 94 L. Blank—Daily Report to Borough Office.
- 95 L. Card—Tuberculosis House Record.
- 96 L. Blank—Clinic Urine Report.
- 97 L. Blank—Report of Positive Sputum Examina-  
tion.
- 98 L. Blank—Nurses' Weekly Report Record, Loose  
Leaf.
- 99 L. Card—Tuberculosis Clinic Throat History.
- 100 L. Envelope—Small, Department, Addressed.
- 101 L. Card—Information for Physicians, Regarding  
Admission Bureau.

- 104 L. Card—Clinic Primary History.
- 105 L. Circular—Work and Products of Laboratories  
of Department of Health.
- 106 L. Blank—Typhoid Fever Widal Test Slip.
- 107 L. Tuberculosis Folder (Finnish).
- 108 L. Card—Inspectors' Daily Report.
- 109 L. Envelope—Hospital Admission Bureau Rec-  
ord.
- 110 L. Card—Hospital Admission Bureau Record.
- 112 L. Blank—Clinic Weekly Report Record, Loose  
Leaf.
- 113 L. Paster—Tuberculosis: Disinfection.
- 114 L. Envelope—Large—Department, Addressed.
- 115 L. Envelope—Record of Printed Forms.
- 118 L. Envelope—Record of Bills and Requisitions.
- 119 L. Card—Result of Examination of Baker.
- 120 L. Card—Supply Station Record.
- 121 L. Postal—Information About Horses, Glanders.
- 122 L. Blank—Glanders Outfit Slip.
- 123 L. Book—What We Should Know About Tuber-  
culosis.
- 125 L. Circular—Acute Poliomyelitis—for the Pub-  
lic.
- 126 L. Card—Tuberculosis Tally.
- 127 L. Card—Reference to Boat Camps.
- 128 L. Card—To Call at Hospital Admission Bureau.
- 129 L. Card—Acknowledgment of Report of Case  
of Typhoid Fever or Meningitis.
- 130 L. Handbill Pads—For Distribution to Vio-  
lators of the Law Against Spitting.
- 131 L. Blank—Letterhead of the Bureau.
- 132 L. Blank—Clinic Drug Inventory, Loose Leaf.
- 133 L. Tuberculosis Folder (Polish).
- 134 L. Tuberculosis Folder (Slovak).

- 135 L. Tuberculosis Folder (Ruthenian).
- 136 L. Hanging Card—Prevention of Typhoid Fever (Yiddish).
- 137 L. Circular—Acute Poliomyelitis—for Physicians.
- 138 L. Envelope—Sputum Filing.
- 139 L. Folder—Advice for Patients (German-English).
- 140 L. Card—Private Physician, Later Tuberculosis Report Card.
- 141 L. Card—Clinic Reference Card.
- 142 L. Blank—Superintendent of Nurses' Weekly Report.
- 143 L. Envelope—Widal Outfit.
- 144 L. Card—Home Conditions of Hospital Patient.
- 145 L. Postal—Druggist's Station Supplies.
- 147 L. Folder—Advice for Patients (Yiddish-English).
- 148 L. Card—Druggist's Requisition for Station Supplies.
- 149 L. Card—Tuberculosis Clinic House Card.
- 150 L. Card—Delinquent Clinic Case.
- 151 L. Blank—Weekly and Monthly Clinic Report Record (Loose Leaf).
- 152 L. Monograph—Report on Registration of Tuberculosis.
- 153 L. Card—Daily Report of Branch Office to Hospital Admission Bureau.
- 154 L. Blank—Monthly Statement of Drugs.
- 155 L. Folder—Advice for Patients (Italian-English).
- 156 L. Blank—Clinic Weekly Report.
- 157 L. Blank—Renovation Request.



- 58 L. Card—Clinic Physician's Report on Transferred Case. (A. T. C.)
- 59 L. Blank—Typhoid Diazo Slip.
- 60 L. Envelope—Typhoid Diazo Filing.
- 61 L. Blank—Typhoid Diazo Report.
- 62 L. Tuberculosis Folder (Chinese).
- 63 L. Blank—History Form for Syphilis.
- 64 L. Circular—Venereal Disease.
- 65 L. Blank—Malaria Report.
- 66 L. Blank—Malaria Slip.
- 67 L. Envelope—Malaria Filing.
- 68 L. Envelope—Venereal Disease Filing.
- 69 L. Blank—Notice to Physicians Regarding Advice to Venereal Disease Patients.
- 70 L. Circular—Information on Vaccination on Smallpox.
- 71 L. Blank—Weekly Report of Division of Typhoid Fever.
- 72 L. Blank—Important Information Regarding the Wassermann Reaction for Syphilis.
- 73 L. Card—Leaky Sputum Specimen.
- 74 L. Card—Reference of Case to Hospital.
- 75 L. Card—History of Fatal Case of Malaria.
- 76 L. Leaflet—Rules for Sweeping (German).
- 77 L. Leaflet—Rules for Sweeping (Italian).
- 78 L. Hanging Card—Prevention of Typhoid Fever (English).
- 79 L. Blank—Reference Slips.
- 80 L. Blank—Result of Complement Fixation Test.
- 81 L. Blank—Letters to Physician Regarding Delay in Reporting Typhoid Fever Cases.
- 82 L. Blank—Result of Wassermann Test.
- 83 L. Blank—Infectious Diseases; Ward List.
- 84 L. Card—Typhoid History.

- 185 L. Blank—Daily Report of Communicable Diseases.
- 186 L. Envelope—Meningitis Filing.
- 187 L. Blank—Meningitis Report.
- 188 L. Blank—Meningitis Slips.
- 190 L. Blank—Weekly Report of Hospital Admission Bureau.
- 191 L. Card—Report of Cases of Venereal Disease.
- 192 L. Blank—Weekly Report, Diagnosis Laboratory.
- 193 L. Blank—Diagnosis Laboratory Daily Borough List.
- 194 L. Card—Collectors' Receipt Card.
- 195 L. Envelope—Diphtheria Culture Tube.
- 196 L. Circular—Meningitis Information.
- 197 L. Blank—Certification Slips for Bills.
- 198 L. Hanging Card—Prevention of Typhoid Fever (Italian).
- 199 L. Blank—Result of Complement Fixation Test for Gonococci.
- 200 L. Leaflet—Rules for Sweeping (Yiddish).
- 201 L. Card—Clinical Laboratory Report (Urine, etc.).
- 202 L. Handbook of Bureau of Infectious Diseases.
- 203 L. Card—Waiting List Card.
- 204 L. Card—Waiting List Notification.
- 205 L. Card—Diphtheria Virulence Test.
- 206 L. Booklet—Infectious Diseases, and Supply Stations.
- 207 L. Card—Appointment with Dentist.
- 208 L. Blank—Weekly Report—Tuberculosis Institutions—First Sheet.
- 209 L. Blank—Daily Report—Tuberculosis Institutions.
- 210 L. Card—Hospital Temperature Record Charts.

- 11 L. Card—Clinic Diagram Card.
- 12 L. Card—Clinic Sputum, etc.
- 13 L. Blank—Result of Complement Fixation Test for Glanders.
- 14 L. Blank—Report of Physician Regarding Tuberculosis Patient.
- 15 L. Blank—Letter to Physician Regarding Tuberculosis Patient.
- 16 L. Folder—Information Regarding Contagious Diseases for School Children.
- 17 L. Double Postal—Delinquent Clinic Cases.
- 18 L. Blank—Clinic Daily Journal, Loose Leaf.
- 19 L. Blank—Gonococcus Slip.
- 20 L. Blank—Gonococcus Report.
- 22 L. Blank—Weekly Report Division of Institution Inspection.
- 23 L. Card—Instruction to Those Having Gonorrhoea.
- 24 L. Card—Instruction to Those Having Syphilis.
- 25 L. Hanging Card—Dispensary Placard.
- 27 L. Booklet—Notification of Acceptance for Otisville Sanatorium.
- 28 L. Card—Delivery and Acceptance of Goods.
- 29 L. Circular—Warning Against Consumption Cures (English).
- 30 L. Blank—Weekly Report of Borough Chief.
- 31 L. Tuberculosis Folder (English).
- 32 L. Card—Fumigation.
- 33 L. Blank—Direction for Drawing Blood for Complement Fixation Test.
- 34 L. Card—Final Report on Glanders.
- 35 L. Blank—History Form of *Treponema Pallidum* Examination.
- 36 L. Tuberculosis Folder (Swedish).

- 237 L. Blank—Physicians' Receipt for Wassermann Outfit.
- 238 L. Tuberculosis Folder (Italian).
- 239 L. Tuberculosis Folder (Bohemian).
- 240 L. Tuberculosis Folder (German).
- 241 L. Tuberculosis Folder (Yiddish).
- 242 L. Card—Tuberculosis Clinic Name Index.
- 243 L. Blank—Carfare Bill Head.
- 244 L. Blank—Carfare Bill, Second Sheet.
- 245 L. Card—Record of Antityphoid Immunizations.
- 246 L. Pamphlet — Tuberculosis Catechism for School Children.
- 247 L. Blank—Request for Name of Physician (Sputum).
- 248 L. Card—Dog Bite History.
- 249 L. Hanging Card—Hospital Placard.
- 250 L. Circular—Information Regarding Immunization Against Typhoid Fever.
- 251 L. Card—Investigation of Hospital Convalescent.
- 252 L. Card—Investigation of Milk Supply — Typhoid Fever.
- 253 L. Envelope—Large Manila.
- 254 L. Blank—Bureau of Weekly Report Serological Laboratory.
- 255 L. Blank—Bureau Weekly Report Record—Loose Leaf.
- 256 L. Card—Dental History.
- 257 L. Blank—Weekly Report Tuberculosis Institutions of the Department of Health. Second Sheet.
- 258 L. Booklet—Formulary of the Tuberculosis Clinics of the Department of Health.
- 259 L. Card—Nurses' Daily Report.

- 60 L. Envelope—Tuberculosis Record Filing.
- 61 L. Blank—Sanatoria and Clinic Sputum Slips.
- 62 L. Hanging Card—Dispensary Typhoid Placard.
- 63 L. Card—Report to Branch Office of Case not Found.
- 64 L. Card—Central Borough File, Tally Card.
- 65 L. Blank—Report—Unsatisfactory Later Diphtheria Culture.
- 66 L. Card—Request for Information on Transferred Tuberculosis Case.
- 67 L. Card—Nurses' Later History.
- 68 L. Blank—Clinic Tabulation Sheet.
- 69 L. Placard—Stereopticon Exhibits.
- 70 L. Hanging Card—How to Keep from Getting Contagious Diseases (English-Yiddish).
- 71 L. Hanging Card—How to Keep from Getting Contagious Diseases (English-German).
- 72 L. Hanging Card—How to Keep from Getting Contagious Diseases (English-Italian).
- 73 L. Placard—Whooping Cough Clinics.
- 74 L. Card—Clinic Reference of Baker.
- 75 L. Blank—Weekly Report Veterinary Section.
- 76 L. Double Postal—Delinquent Clinic Case (Italian).
- 77 L. Card—Organization Infectious Disease Postal.
- 78 L. Card—Information about Whooping Cough.
- 79 L. Card—Notice of Monthly Conferences.
- 80 L. Blank—Institution Report of Infectious Diseases for Journal.
- 81 L. Folder—Prevention of Typhoid Fever (Four languages).
- 82 L. Placard—Hotel, Boarding House and Furnished Room Placard.

## BOUND RECORDS.

- 1 L.L. Book—Fumigation Journal.
  - 3 L.L. Book—Daily Telephone Journal of Infectious Diseases.
  - 4 L.L. Book—Record of Personal and Foreign Telephone Calls.
  - 6 L.L. Book—Daily Journal of Bureau.
  - 8 L.L. Book—Hospital Admission Bureau Journal.
  - 9 L.L. Book—Institution Infectious Disease Journal.
  - 19 L.L. Book—Executive Office Journal.
  - 22 L.L. Book—Record of Diagnosis Laboratory Weekly Report.
  - 24 L.L. Book—Diagnosis Laboratory Carfare Journal.
- 

- 1 J. Card—Daily Record of Contagious Diseases.
- 2 J. Card—Notice of Free Distribution of Antitoxin Syringe Containers.
- 3 J. Envelope—"Academy of Medicine."
- 4 J. Card—Glanders Placard.
- 5 J. Postal—Report of Contagious Diseases.
- 6 J. Envelope—"Health Officer of Port."
- 7 J. Card—School Certificate.
- 8 J. Envelope—"Secretary of State Board of Health."
- 9 J. Blank—Goods for Removal for Sterilization.
- 10 J. Card—Diagnostician's Removal Card.
- 13 J. Hanging Card—Prevention of Mumps (English).



- 14 J. Postal—School Exclusions.
- 16 J. Blank—Result of Examination of Brain of Dog.
- 17 J. Blank—Report of Forced in Case.
- 18 J. Blank—Inspector's Report of Case of Contagious Disease.
- 19 J. Circular—Information About Diphtheria.
- 20 J. Card—History of Case of Infectious Disease.
- 21 J. Card—Consent to Destroy Glandered Horse.
- 22 J. Blank—Application for Special School Certificate.
- 23 J. Blank—Daily Report from Borough Office—Contagious.
- 24 J. Hanging Card—Prevention of German Measles (English).
- 28 J. Card—Goods Wagon Driver's Memorandum.
- 29 J. Blank—Record of Goods Removed for Sterilization.
- 30 J. Blank—Acknowledgment of Receipt of Communication.
- 31 J. Blank—Daily Record of Goods Removed for Sterilization.
- 32 J. Envelope—Dog Bite Envelope.
- 33 J. Card—Information Regarding Dogs, Head for Examination.
- 35 J. Postal—Acknowledgment of Report of Case of Contagious Disease.
- 37 J. Blank—Removal of Case by Ambulance.
- 39 J. Blank—Health Squad Detail.
- 40 J. Envelope—Infectious Disease History Envelope.
- 41 J. Circular—Rules Governing Procedure After Death from Contagious Diseases.

- 42 J. Blank—Daily Tally Sheet—Contagious.
- 43 J. Blank—Memorandum for Complaint.
- 44 J. Blank—Scarlet Fever Placard.
- 47 J. Blank—Diphtheria Placard.
- 48 J. Hanging Card—Prevention of Whooping Cough  
(English).
- 49 J. Hanging Card—Prevention of German Measles  
(Yiddish).
- 50 J. Hanging Card—Prevention of German Measles  
(German).
- 51 J. Hanging Card—Prevention of German Measles  
(Italian).
- 52 J. Hanging Card—Prevention of Mumps (Yid-  
dish).
- 53 J. Hanging Card—Prevention of Mumps (Ger-  
man).
- 54 J. Hanging Card—Prevention of Mumps (Ital-  
ian).
- 55 J. Hanging Card—Prevention of Whooping Cough  
(Yiddish).
- 58 J. Blank—Request for Destruction of Dog.
- 60 J. Hanging Card—Prevention of Whooping Cough  
(German).
- 61 J. Hanging Card—Prevention of Whooping Cough  
(Italian).
- 64 J. Hanging Card—Prevention of Chicken-Pox  
(Yiddish).
- 65 J. Hanging Card—Prevention of Chicken-Pox  
(German).
- 66 J. Hanging Card—Prevention of Chicken-Pox  
(Italian).
- 68 J. Hanging Card—Prevention of Chicken-Pox  
(English).

- 69 J. Envelope—Glanders Envelope.
- 70 J. Card—Glanders Destruction Card.
- 71 J. Card—Glanders Disinfection.
- 72 J. Blank — Veterinarian's Telephone Report—  
Glanders.
- 73 J. Blank — Veterinarian's Telephone Report—  
Dogs.
- 80 J. Envelope—Small Manila Envelope.
- 94 J. Card—Order for Fumigation.
- 109 J. Card—Smallpox History—Primary.
- 110 J. Card—Smallpox History—Later.
- 115 J. Blank—Fumigation Placard.
- 117 J. Blank—Private Fumigation Certificate.
- 120 J. Blank—Measles Placard.
- 125 J. Blank—Diagnostician's Telephone Blank.
- 126 J. Blank—History of Case of Glanders.
- 136 J. Blank—Receipt Slips File.
- 149 J. Envelope—"For Disinfector."
- 151 J. Card—Contagious Disease in School Children.
- 165 J. Card—Veterinarian's Daily Report.
- 166 J. Blank—Veterinarian's Weekly Report—Loose  
Leaf.
- 169 J. Card—Disinfector's Daily Report.
- 170 J. Blank—Disinfector's Weekly Report—Loose  
Leaf.
- 175 J. Card—Health Squad Report.
- 178 J. Card—Investigation of Case of Contagious  
Disease.
- 180 J. Card—Disinfection Delayed.
- J.J. Receipt for Goods for Disinfection and Sterill-  
zation.
- 8 J.J. Book—List of Goods Collected—Disinfection.

FORMS OF OTHER BUREAUS EMPLOYED IN  
THIS BUREAU ALSO.

Sec. 324.

- 6 A. Blank—Letterhead for General Use by Department.
- 23 A. Blank—Time Sheet.
- 53 A. Hanging Card—Instructions Warning Against Flies.
- 98 B. Blank—Department Requisitions.
- 4 C. Blank—Statement Accompanying Invoice for Supplies.
- 21 C. Blank—Notification of Absence.
- 23 C. Blank—Application for Leave of Absence.
- 5 D. Blank—Counsel's Notice to Compel Renovation.
- 13 E.E. Book—Goods Wagon Drivers' Receipts.
- 14 E. Blank—Renovation Notice—Tuberculosis.
- 23 E. Card—Physical Record of Employees.
- 13 H.H. Blank—Official Seal for Caskets.
- 16 K. Blank—Culture Slips Employed by Bureau of Child Hygiene.
- 26 N. Blank—Drivers' Goods List to Research Laboratory.
- 3 Y. Blank—Requisitions for Drugs for Clinics.

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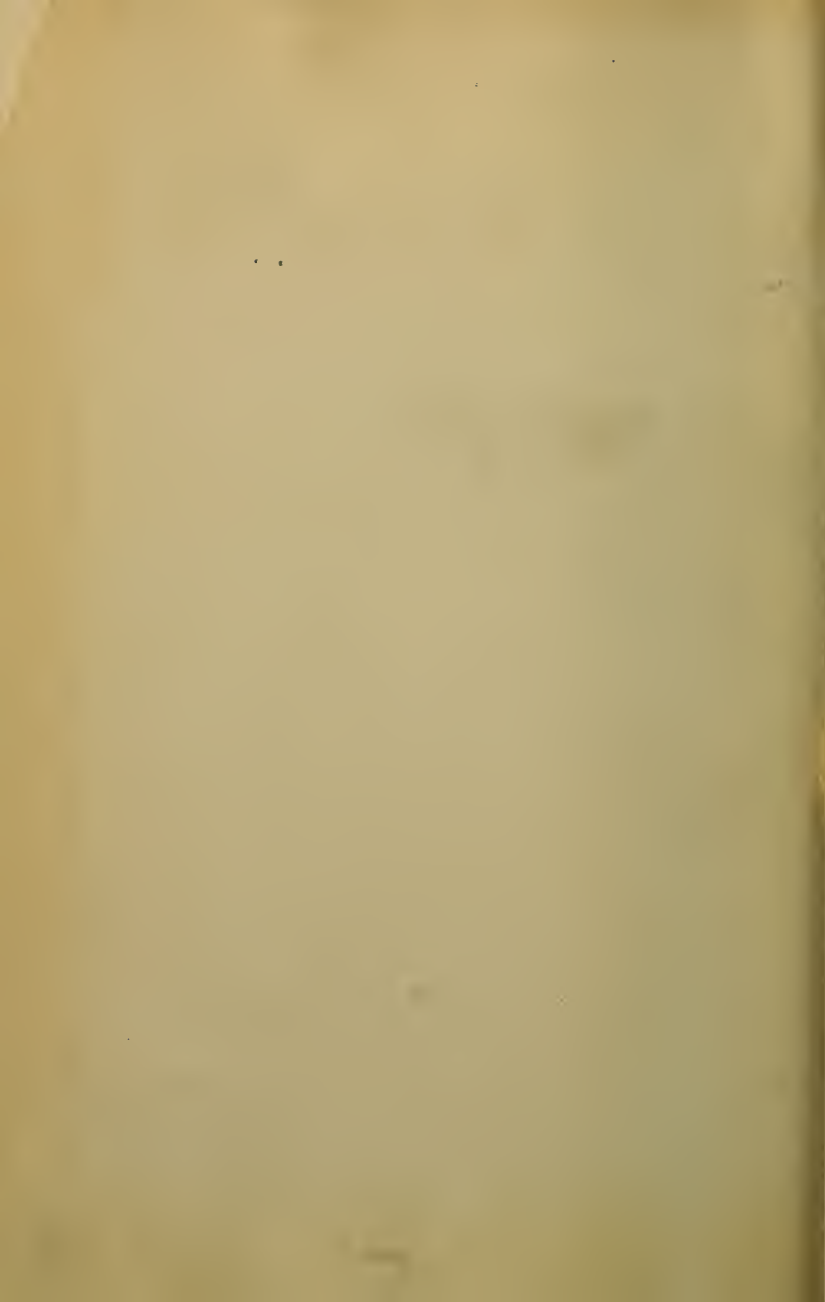
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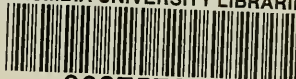
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